2021 FRANKLIN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

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Contents

Acknowledgements

The Franklin County Community Health Needs Assessment (CHNA) has been a collaboration achieved through hard work and dedication over the past 18 months. The Franklin County Health Department would like to thank the many partnering agencies, non-profit and community-based organizations, healthcare workers, survey respondents, and concerned citizens who have contributed their time, effort, and expertise to this project. Their effort has ensured this assessment is thorough and serves to be a guide to improving the overall health and well-being of Franklin County in the coming years.

Executive Summary

Vision Statement

Franklin County Health Department promotes healthy lifestyles and disease prevention activities in order to enhance the quality of life for the citizens of Franklin County. Health Department programs provide a holistic approach to healthcare, emphasizing physical, intellectual, and emotional health to protect against public health threats. These programs include: Women's Health, Maternity Care, Child Health, WIC, Communicable Disease, STD, Adult Health, Home Health, Environmental Health, and Community and Health Education.

Leadership

The Community Health Needs Assessment has been a collaborative process with leadership across stakeholder and partner organizations. These leadership groups include:

Community Health Assessment Management Team

- Scott LaVigne - Franklin County Health Department Health Director
- Betsy Hunt - Chairperson of the Franklin County Board of Health and Chief Nursing Officer Maria Parham Health
- Graham Bundy - Franklin County Health Department Public Health Education Supervisor

Steering Committee

- Loftin Wrenn - Franklin County Health Department Nursing Supervisor
- Lauren Pace - Franklin County Health Department Director of Nursing
- Mary Jo Michalski - Franklin County Home Health Nursing Supervisor
- Whitney Holmes - Franklin County Health Department Health Equity Coordinator
- Lana Cooper - Franklin County Health Department Women's Health Provider
- Chastity West - Impact Healthcare Practice Manager
- Brittany Newell - Impact Healthcare Nurse Practitioner
- Jennifer Clement - Maria Parham Director Growth and Outreach
- Monica Kearney- SafeSpace Executive Director
- Traci Dunston - SafeSpace
- Dawn Goodwin - NC DHHS Central Region Pharmacist
- Katie Taggett - Franklin County Emergency Management
- Lisa Pursell-Morris - Franklin County Schools Lead Nurse
- Meg Wyatt - Franklin County Cooperative Extension Agent
- Dominque Simon - Franklin County Cooperative Extension Area Agent
- Virginia Campbell - Franklin County Emergency Services
- Christy Southall - Franklinton Senior Center Program Supervisor

Community Health Assessment Team

- Elane Edwards - Franklin County Health Department Triple P Coordinator
- Roxie Packer -Franklin County Health Department Health Education
- Antrel Branch -Franklin County Health Department (Health Education Supervisor 2019-2021)

Partnerships/Collaborations

Partnerships	Number of Partners
Public Health Agency	1
Hospital/Health Care System(s)	2
Healthcare Provider(s) - other than behavioral health	3
County, State or Federal Public Health or response Agency	5
Behavioral Healthcare Provider(s)	1
EMS Provider(s)	2
Pharmacy/Pharmacies	1
Community Organization(s) - advocacy, charitable, NGO	2
Public School System	1
Media/Communication Outlet(s)	1

Collaborative Process Summary

Community Health Needs Assessments are required to be completed every three years. These health assessments involve identifying and prioritizing the health needs of the county and creating strategies to address those needs. This process is collaborative including agencies and stakeholders from across public health and social services. This process included the direct involvement of the county's residents through surveys and public engagement. Each of these collaborations allowed the department to identify those health priorities of greatest need and importance to the county. The CHA is an ongoing continuous improvement process that remains community centered and *focused on improving the overall health and well-being of Franklin County.*
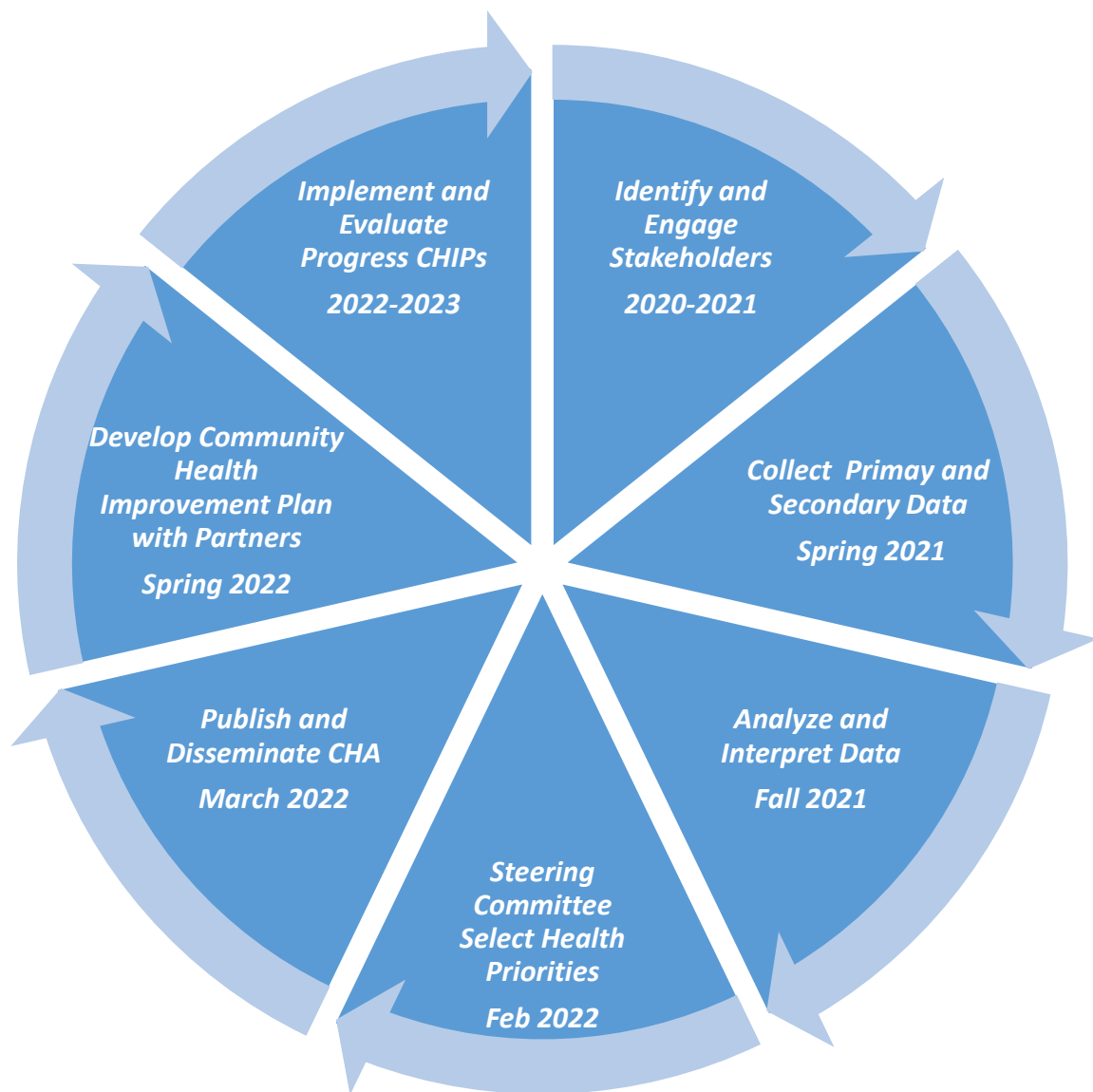
Key Findings and Health Priorities

Based on analysis of the secondary data and the input gathered from community residents and partnering agencies, the following significant health needs were identified for Franklin County:

- Access to Primary Care
- Adult Obesity
- COVID-19
- Suicide
- Substance Abuse
- Adult Tobacco Use
- Cancer
- Exercise, Nutrition, and Weight
- Heart Disease
- Health Outcome Disparities for Communities of Color

Details of the process used to prioritize these health needs is included later in this report. In short, the steering committee met to discuss the preliminary 2021 CHNA report, primary and secondary data sources, and the community input surveys. After discussion and input, the committee evaluated the needs and determined the following four health priorities for the community as described in the 2021 CHNA.

- Access to Care
- Heart Disease
- Exercise, Nutrition, and Weight
- Health Outcome Disparities in Communities of Color

Access to Care

Define issue: Access to care priority includes data pertaining to how and why people use or do not (cannot) use healthcare. How many primary care and specialty providers are in the county? How many people have health insurance? How much healthcare, across specialty, is there in the community? How much information is there about healthcare and are residents able to easily access that information?

Key themes from primary and secondary sources:

There is a clear need for primary care providers since the ratio for Franklin County is 1 provider per 13,510 people compared to the NC ratio of 1 per 1,400 (County Health Rankings, 2018). Franklin

County does not meet the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people (Center for Health Services Research UNC, 2017). Rates of uninsured persons in the county are higher than the state average.

Heart Disease

Define issue: This health care priority includes data pertaining to key risk factors and outcomes of heart disease. Heart disease refers to a group of conditions that affect the heart and blood vessels, such as coronary artery disease, heart failure, stroke, and cerebrovascular disease. Outcomes of heart disease can result in poor quality of life, disability, and death – but can be prevented by controlling key risk factors like high blood pressure, smoking, unhealthy diet, and obesity.

Key themes from primary and secondary data:

Heart disease is the leading cause of death in Franklin County with a mortality rate of 206.64 per 100,000 population in 2019 (NC-DHHS State Center for Health Statistics, 2019). Also, Franklin County's mortality rate for heart disease was higher than the state rate of 187.00 per 100,000 population in 2019 (NC-DHHS State Center for Health Statistics, 2019).

Exercise, Nutrition, and Weight

Define issue: This health care priority includes data pertaining to key risk factors (obesity) and modifiable behaviors (exercise & nutrition) that contribute to chronic diseases. Healthy eating and physical activity can help individuals reach and maintain a healthy weight. Also, obesity can increase the risk of serious health problems such as heart disease, cancer, and diabetes.

Key themes from primary and secondary data:

There is an increased rate of adult obesity at 41% among Franklin County residents compared to the state rate of 32% for 2017 (County Health Rankings, 2017). Also, the top three leading causes of death in Franklin County are respectively heart disease, cancer, and cerebrovascular disease (NC-DHHS State Center for Health Statistics, 2019). These are chronic diseases that can be prevented through healthy lifestyle changes like exercise and nutrition.

Health Outcome Disparities for Communities of Color

Define issue: Health outcome disparity priority includes data pertaining to differences in health outcomes that adversely affect specific, potentially disadvantaged, racial, or ethnic populations. Outcomes could include:

- Higher incidence and/or prevalence and earlier onset of disease

- Higher prevalence of risk factors, unhealthy behaviors, or clinical measures in the causal pathway of a disease outcome
- Higher rates of condition-specific symptoms, reduced global daily functioning, or self-reported health-related quality of life using standardized measures
- Premature and/or excessive mortality from diseases where population rates differ
- Greater global burden of disease using a standardized metric

Key themes from primary and secondary sources:

Overall, there are health disparities present in Franklin County among racial/ethnic groups. Specifically, when examining the top three leading causes of death in Franklin County – heart disease, cancer, and cerebrovascular disease – the mortality rate for African Americans or Blacks is higher than the White population for each health outcome. For heart disease, the mortality rate for African Americans was 252.9 per 100,000, while the rate for Whites was lower at 210.6 per 100,000 in 2019 (NC-DHHS State Center for Health Statistics, 2019). For cancer, the death rate for African Americans was 211.8 per 100,000 and 197.9 per 100,000 for Whites. Also, for cerebrovascular disease, the mortality rate was higher for African Americans at 88.2 per 100,000 compared to Whites at 55.3 per 100,000 (NC-DHHS State Center for Health Statistics, 2019).

Conclusion and Next Steps

This report describes the process and findings of a comprehensive community health needs assessment for the residents of Franklin County. The final steps in the CHNA process is to develop community-based health improvement strategies and action plans to address the four priorities identified in this assessment. The strategies identified in the CHNA will be implemented through use of the Community Health Improvement Plan (CHIP), which will include targeted measurable efforts of the Health Department, partnering agencies, and community stakeholders.

Chapter 1 Introduction

Description of County

Franklin County is located in the piedmont region of North Carolina, located just 21 miles northeast of the state capital, Raleigh. The county covers 492 square miles and consist of five municipalities: Franklinton, Youngsville, Bunn, Centerville, and Louisburg, which is the county seat. The county is bordered by Vance, Warren, and Granville Counties to the north, Wake County to the south, and Nash County to the east. Residents of Franklin County can enjoy the beautiful, open landscapes of the county while having easy access to the amenities in nearby counties. In addition to the rolling hills that grace the countryside, the Tar River also runs through the county and provides beautiful scenery. Currently, there is a need to increase economic opportunities in the county as many residents commute to Wake County for work. Despite this, the county continues to develop and attract new businesses to the area. The county is the home of two college institutions: Vance-Granville Community College and Louisburg College.

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to:

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aimed at improving the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties
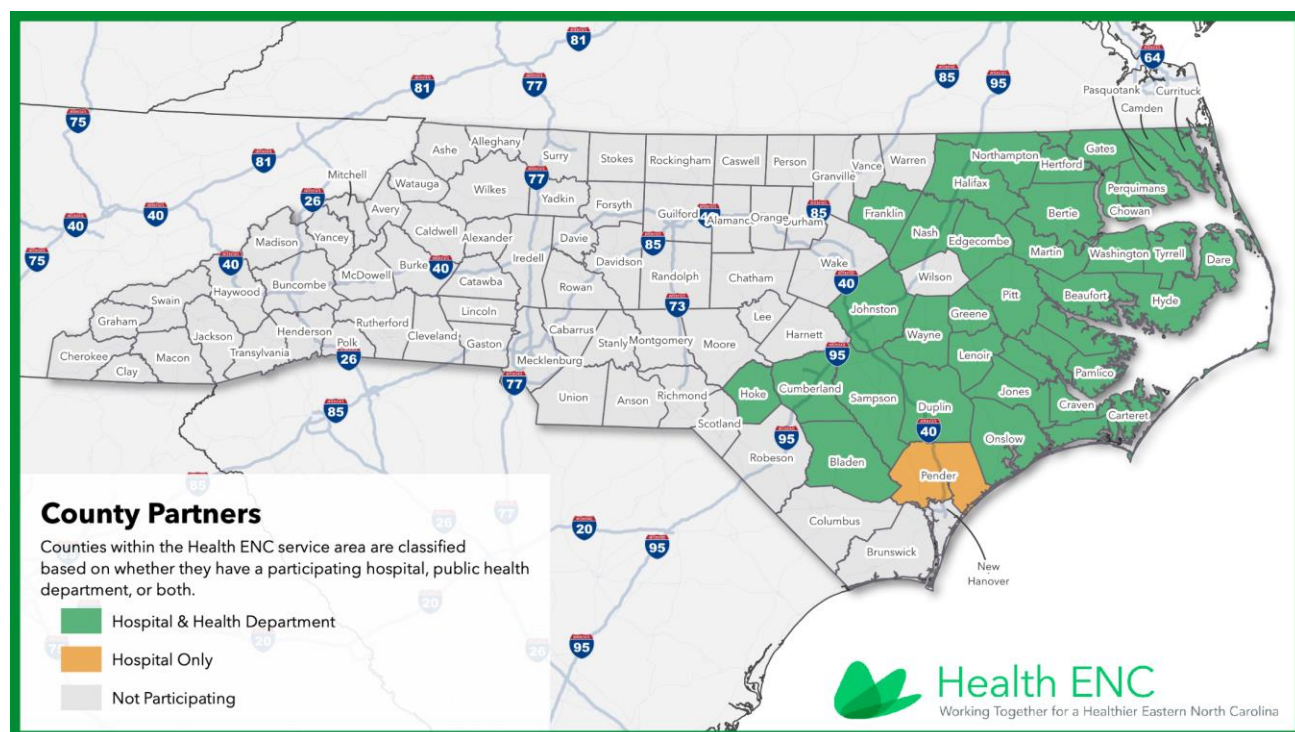
Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne.

Health Data Sources

Primary Data – Community Survey
Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included: (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Methodology/Design:
The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The

workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. **As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys.** Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

Community surveys included 25 questions and were distributed online and in paper format. Paper surveys were distributed at the Health Department and at the Triangle North Executive Airport during the April/May 2021 COVID-19 mass vaccination clinics.

Key Areas Examined
- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses
- 295 Total English (Total in ENC survey =16,661)
- 6 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

Healthy North Carolina 2030 (HNC 2030)
NC State Center for Health Statistics
Robert Wood Johnson County Health Rankings and Roadmaps

Limitations

- The data presented represents a snapshot of the population's economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from known health resources (Department of Public Health, DHHS, CDC, etc.), among other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data, and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

Chapter 2 Demographic Profile

Total Population

Total Population (U.S. Census)

[Line chart showing Total Population (U.S. Census): 2016 = 64,676; 2017 = 66,155; 2018 = 67,625; 2019 = 69,685. Y-axis ranges from 62,000 to 71,000.]
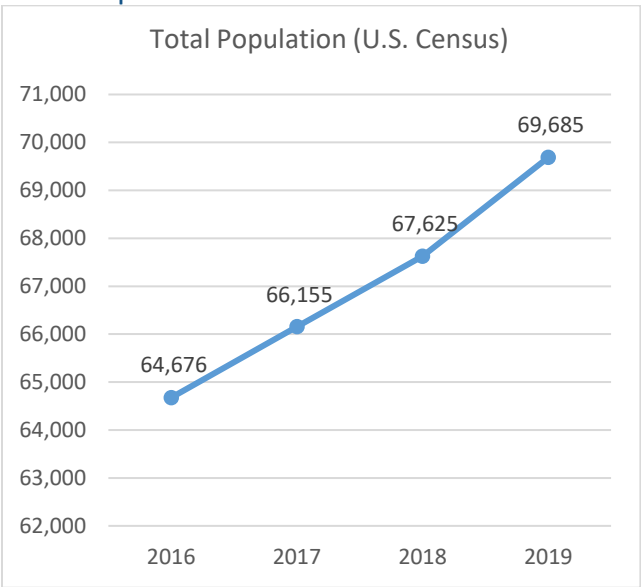
In 2019, Franklin County had a population estimate of 69,685.

From 2016 to 2019 the population of Franklin County increased by 7.7%.

Minority Populations

Percent of Population by Race/Ethnicity (Census, 2015-2019)

[Bar chart comparing Franklin, North Carolina, and Health ENC Counties across race/ethnicity categories:
- White: 67.3, 68.7, 64.9
- Black: 25.0, 21.4, 30.0
- Am Indian or Alaska Native: 1.2, 1.2, 1.0
- Asian: 0.5, 2.9, 1.3
- Native Hawaiian & Other Pacific Islander: 0.2, 0.1, 0.1
- Multiracial (Two or More Races): 2.8, 2.7, 3.5
- Hispanic or Latino: 8.4, 9.4, 9.6
Legend: Franklin, North Carolina, Health ENC Counties]

The White population accounts for 67.3% of the total population in Franklin County, with the Black or African American population accounting for 25.0% of the total population. The White population in Franklin County (67.3%) is less than the White population in North Carolina (68.7%) and slightly higher than the Health ENC counties (64.9%). The Black or African American population in Franklin County (25.0%) is higher than the Black or African American population in North Carolina (21.4%) and lower

than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 8.4% of Franklin County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%).

Population Growth

The projected population growth for Franklin County for 2029 is estimated at 81,271 persons.

From 2019 to 2029, the total population of Franklin County is expected to increase by 16.6%.

Note: Population projection for 2029 comes from the NC Office of State Management and Budget Population Projections. All the other population data is from the Census.

Population and Projected Population for 2029

Year	Population
2010	60,563
2016	64,676
2017	66,155
2018	67,625
2019	69,685
Projected 2029	81,271

Age Groups

Percent of the Population by Age Group

Age Group	Franklin	NC	HealthENC
Under age 5	5.6	5.9	6.3
Age 5-14	12.6	12.6	12.7
Age 15-24	12.4	13.5	14.9
Age 25-34	11.4	13.3	13.5
Age 35-44	12.5	12.6	11.7
Age 45-54	14.5	13.4	12.2
Age 55-64	14.6	12.8	12.8
Age 65-74	10.1	9.5	9.4
Age 75-84	4.8	4.6	4.7
Age 85+	1.5	1.7	1.6

In Franklin County, the percent of people between the ages of 55-64 are higher (14.6%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

Military Population

Percent of Population in Military (2015-2019)

Category	Value
Franklin	-
North Carolina	1.1
Health ENC Counties	4.8
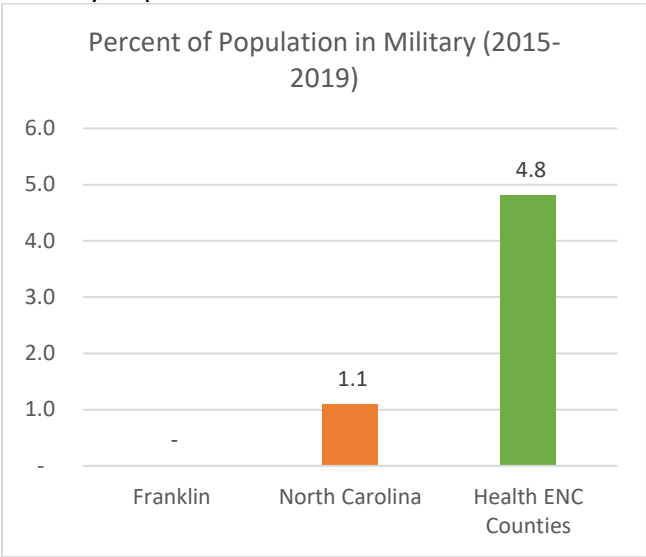
This figure shows the trend of the military population over the 4 most recent measurement periods. From 2015-2019, across four time periods, the percent of the population in the military for Franklin County was lower than North Carolina and the Health ENC region.

In fact, the Census did not report any military population in Franklin County during this period. NC had an average of 1.1% in all counties, while the Health ENC region had 4.8% of the population.

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Franklin County has a veteran population of 7.5% in 2015-2019, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.

Percent of Population that are Veterans (2015-2019)

Category	Value
Franklin	7.5
North Carolina	8.4
Health ENC Counties	12.1

Birth Rates
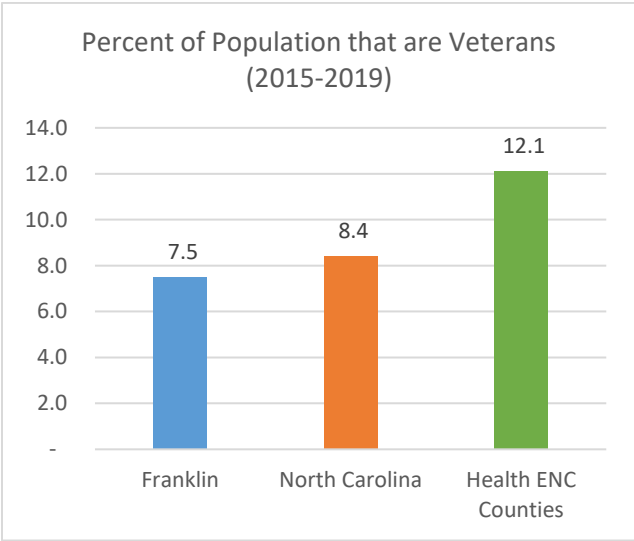
Live Birth Rate per 1,000 Population (NC SCHS)
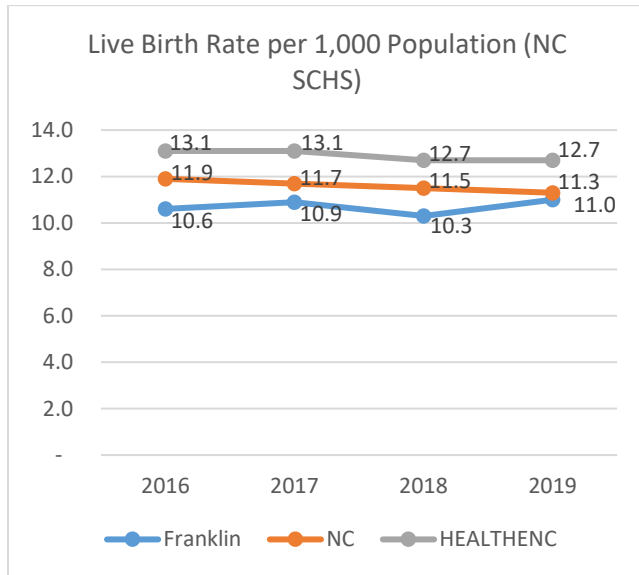
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth, however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. This figure illustrates that the birth rate in Franklin County is lower than the birth rate in North Carolina and lower than the Health ENC Counties. Furthermore, birth rates have increased slightly over the past three measurement periods.

Analysis of Demographic Data

- Population growth in Franklin County is robust, increasing nearly 25% in the last 10 years. County rate of growth is 8th fastest since 2010 and higher than 90% of other NC counties.
- Racial/ethnic populations, as a percentage of total, were generally in line with the state. There was a slightly higher percentage of African Americans in the county (25%) than the state (21.4%) (U.S. Census Bureau, 2015-2019).
- Franklin County population is older than the state, by an average of 2 years. 31% of the population was older than the age of 55 (U.S. Census Bureau, 2015-2019).

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation
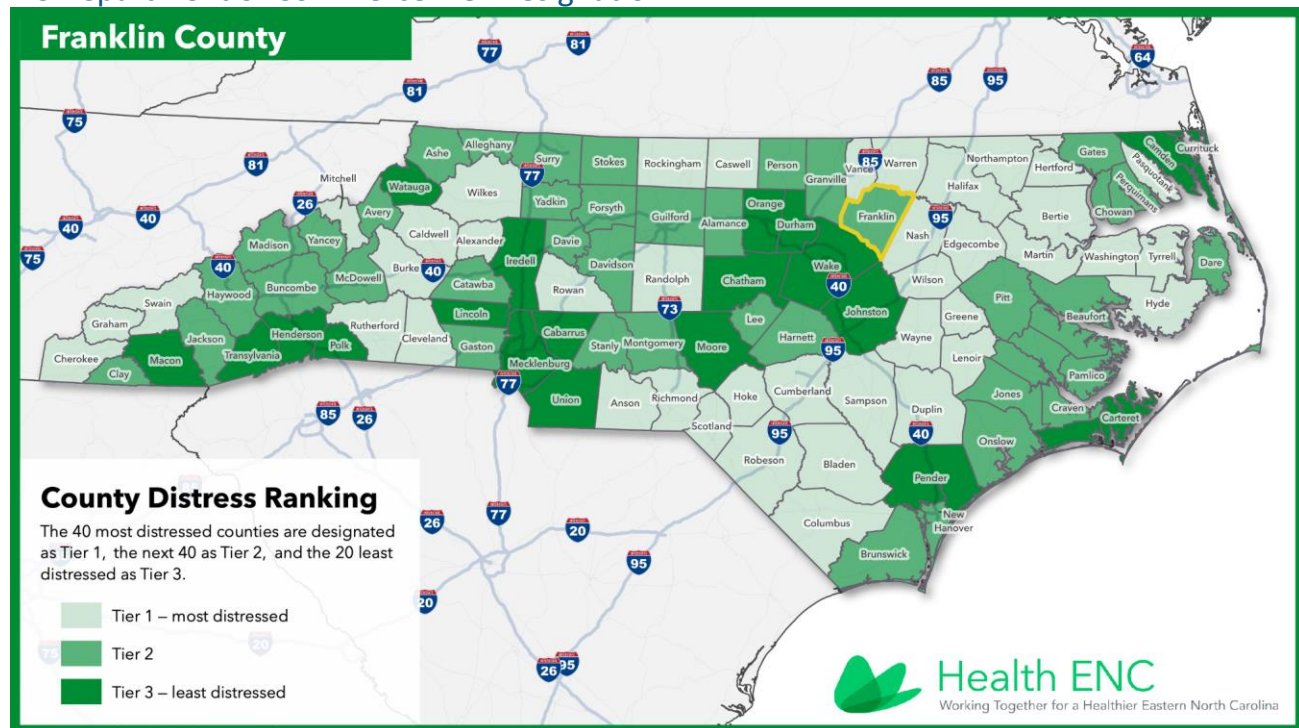
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3.

In 2021, Franklin County was assigned a Tier 2 designation.

County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Franklin County ($55,193), which is slightly higher than the median household income in North Carolina ($54,602).

Median Household Income in Dollars (ACS, 2015-2019)

	Franklin	North Carolina
Median Household Income	55,193	54,602

Poverty

Percent People Living Below Poverty Level (ACS, 2015-2019)

Franklin	13
North Carolina	15
Health ENC Counties	17.5
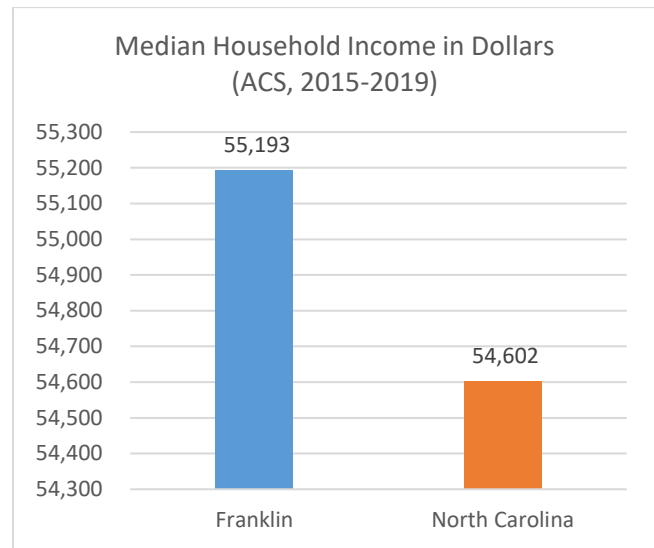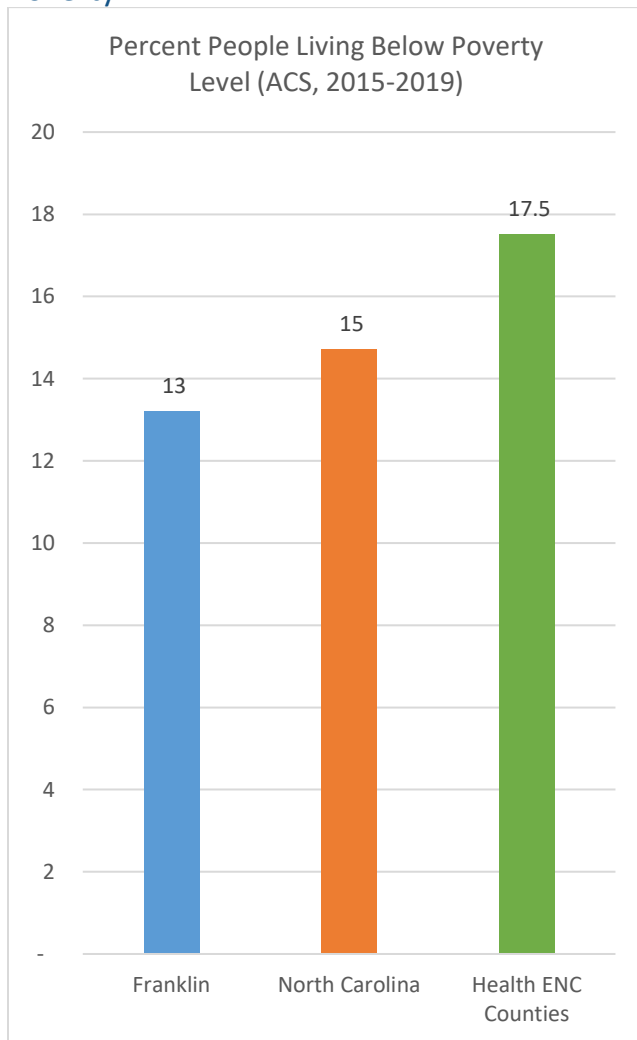
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in the figure, 13.0% percent of the population in Franklin County lives below the poverty level, which is slightly lower than the rate for North Carolina (15% of the population) and the Health ENC region (17.5%).

Poverty By Race and Ethnicity

Source: U.S. Census Bureau ACS 5-year Estimate
https://datausa.io/profile/geo/franklin-county-nc#economy
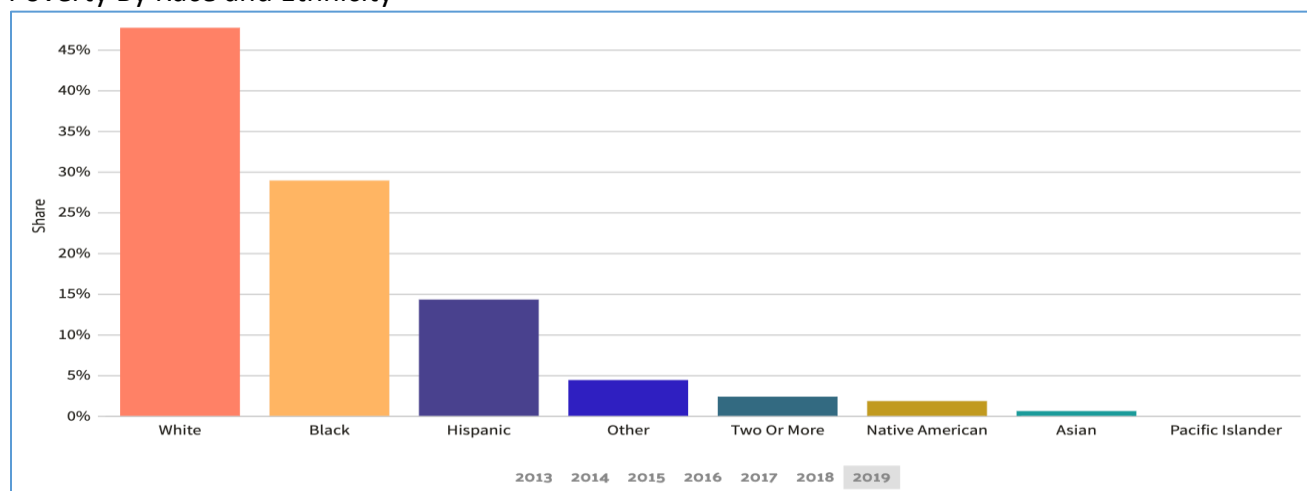
The most common racial or ethnic group living below the poverty line in Franklin County, NC is White, followed by Black and Hispanic.

The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold, that family and every individual in it is considered to be living in poverty.

*Data from the Census Bureau ACS 5-year Estimate.

Children in Poverty

The rate of children and older adults living below the poverty level is slightly lower for Franklin County when compared with N.C. and the Health ENC Counties.

Percent Children Living Below Poverty Level (ACS, 2015-2019)

Franklin	North Carolina	Health ENC Counties
19	21	25.5

Older Adults in Poverty

Percent Adults 65+ Living Below Poverty Level (ACS, 2015-2019)

Franklin	North Carolina	Health ENC Counties
8.5	9.1	10.3
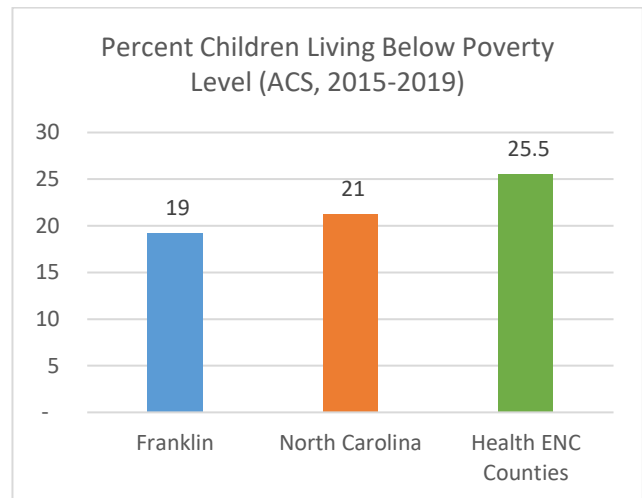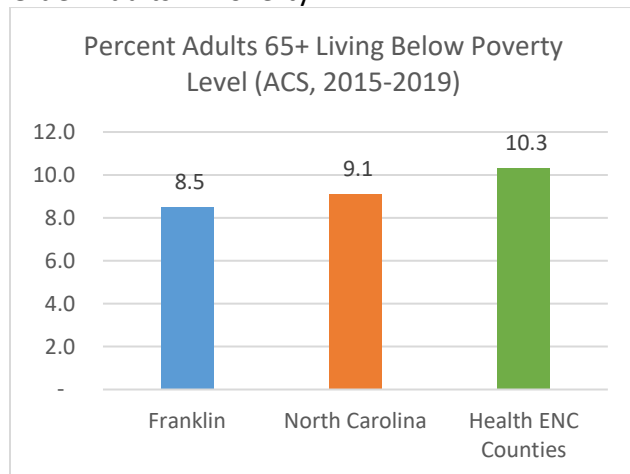
The rate of adults age 65+ years living in poverty is 0.6% lower in Franklin County when compared with NC and is lower than the Health ENC counties by 1.8%.

Disabled People in Poverty

The percent of disabled people living in poverty in Franklin County (21%) is slightly higher than the rate for North Carolina (20%).

Percent Persons with Disability Living Below Poverty Level (ACS, 2015-2019)

	Value
Franklin	21
North Carolina	20
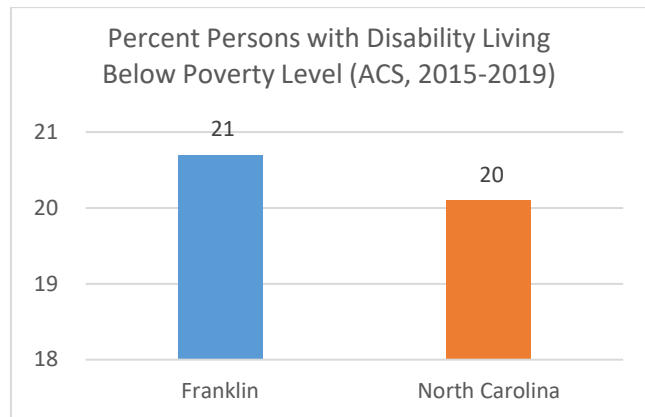
Housing

Housing – Median Monthly Housing Costs

Median Monthly Housing Costs for Owners with a Mortgage in Dollars (ACS 2015-2019)

	Value
Franklin	1,250
North Carolina	1,314
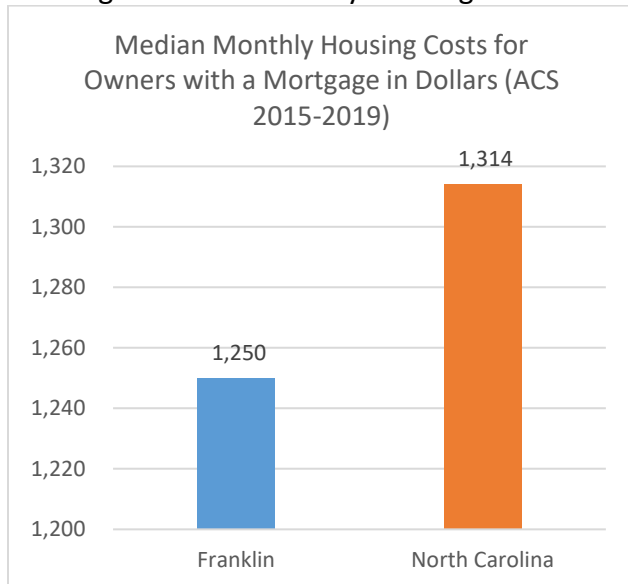
The average household size in Franklin County is 2.50 people per household (owners) and 2.69 people per household (renters), which is slightly lower than the NC value of 2.57 people per household (owners) but slightly higher for renters (2.43 people per household).

High costs of homeownership with a mortgage can strain homeowners. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Franklin County, the median housing costs for homeowners with a mortgage is $1,250.

Median Monthly Household Costs in Franklin County and Surrounding Counties
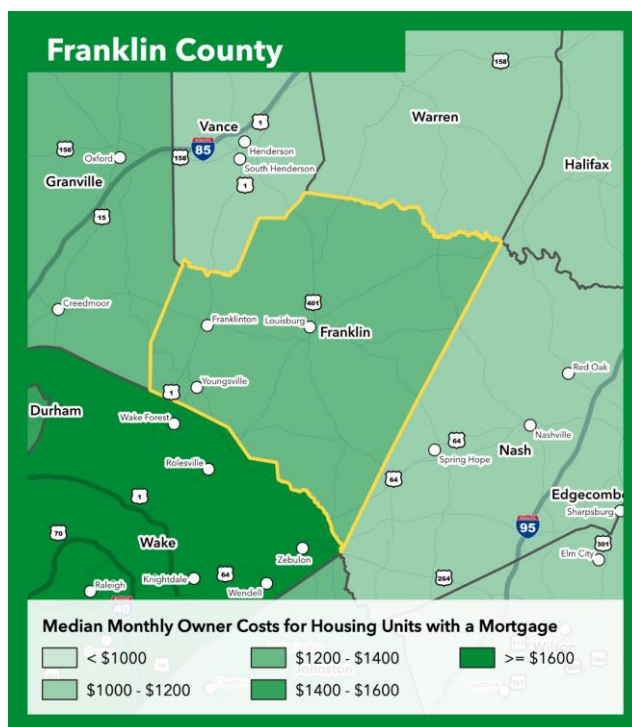
Severe Housing Problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.

Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

Slightly more than 13.0% of households in Franklin County had severe housing problems, compared to 15.0% in NC and 16.1% in Health ENC Counties.
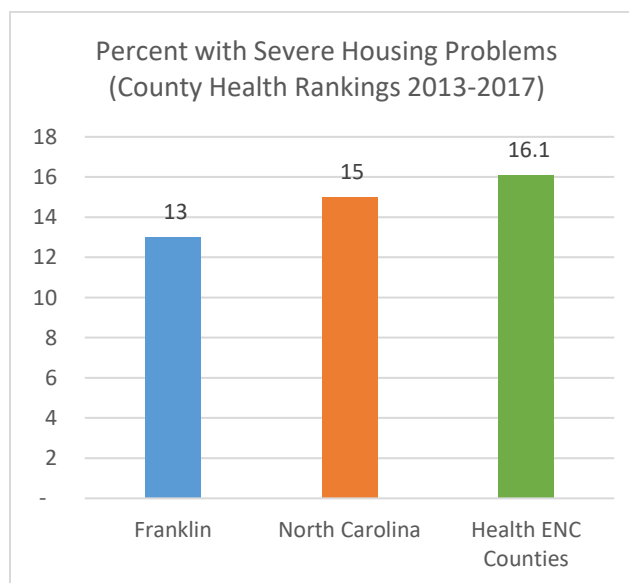
Food Insecurity
Households with SNAP Benefits

Percent of Households with SNAP Benefits in the Last 12 Months (ACS 2015-2019)

Franklin	North Carolina	Health ENC Counties
16	13	16.7
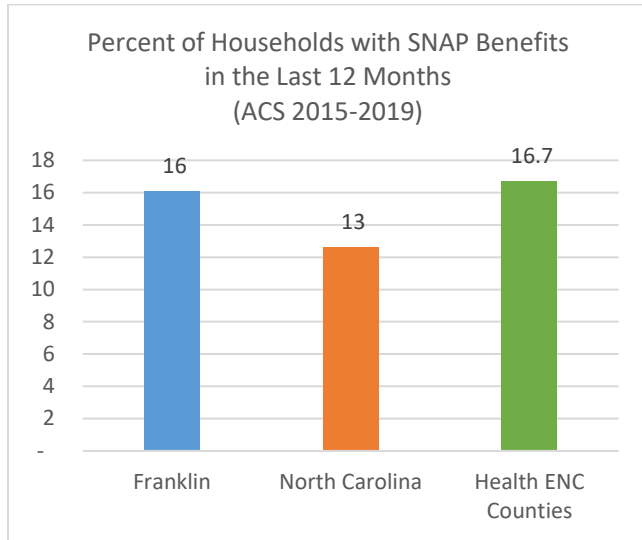
The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

This figure shows the percent of households with children that participate in SNAP. The rate for Franklin County, 16%, is slightly higher than the state value of 13% but slightly lower than the Health ENC region value of 16.7%.

Education
Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

In Franklin County, the percent of residents age 25 or older with a high school degree or higher was lower (86.2%) than the state value (87.8%) and the Health ENC region (86.6%).

Percent of population with a Bachelor's degree or higher in Franklin County was lower (22%) compared to N.C. (31.3%) and comparable to the Health ENC region (22.0%).

Percent of People 25+ with High School or Higher and Bachelor's Degree or Higher (ACS 2015-2019)

	With a High School Degree or Higher	With a Bachelors Degree or Higher
Franklin	86.2	22.0
North Carolina	87.8	31.3
Health ENC Counties	86.6	22.0
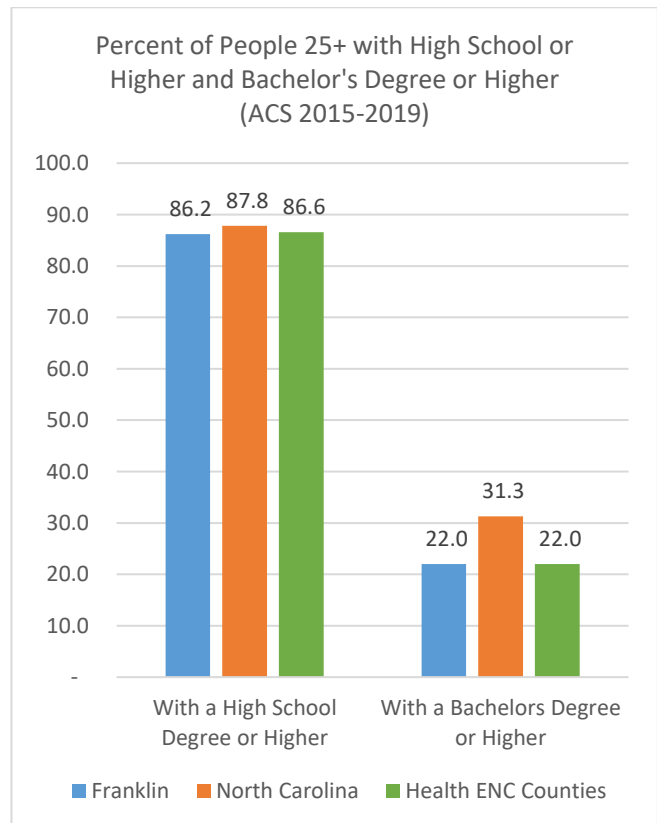
High School Drop Out Rate

High School Drop Outs per 100 Students (NC DPI)

Legend: Franklin County, NC, HEALTHENC

Data points:
- 2016-17: 3.2 (Franklin County), 2.3 / 2.4 (NC, HEALTHENC)
- 2017-18: 3.0 (Franklin County), 2.2 / 2.2 (NC, HEALTHENC)
- 2018-19: 0.1 (Franklin County), 2.0 / 2.0 (NC, HEALTHENC)
- 2019-20: 0.0 (Franklin County), 1.5 / 1.4 (NC, HEALTHENC)

High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Franklin County's high school dropout rate has decreased considerably from 3.2 % in 2016-2017 to 0.04 % in 2019-2020, which was lower than the rate in NC (1.5%) and the Health ENC region (1.4%)

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Franklin County's rate of high school suspension (17.1 per 100 students) was higher than North Carolina's rate (11.6) the Health ENC counties (15.5) in 2019-2020.

High School Suspension Rate

High School Suspensions per 100 Students (NC DPI)

Legend: Franklin County, NC, HEALTHENC

Data points:
- 2016-17: 22.2 (Franklin County), 18.2 (NC), 24.1 (HEALTHENC)
- 2017-18: 20.1 (Franklin County), 17.9 (NC), 23.0 (HEALTHENC)
- 2018-19: 14.0 (Franklin County), 15.0 (NC), 20.8 (HEALTHENC)
- 2019-20: 17.1 (Franklin County), 11.6 (NC), 15.5 (HEALTHENC)

Transportation

Percent of Workers by Mode of Commuting to Work (ACS 2015-2019)

	Workers Commuting by Public Transportation	Workers Who Walk to Work
Franklin	0.2	1.3
North Carolina	1.0	1.8
Health ENC Counties	0.4	2.9

Percent Workers Who Drive Alone to Work (ACS 2015-2019)

Franklin	North Carolina	Health ENC Counties
83.8	80.9	80.9

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

In Franklin County, an estimated 0.2% of workers commuted to work by public transportation, compared to the state value of 1.0%.

Approximately 1.3% of workers walk to work, which was lower than the state value of 1.8%.

An estimated 83.8% of workers 16 and older drove alone to work, compared to 80.9% in NC.

Crime and Safety
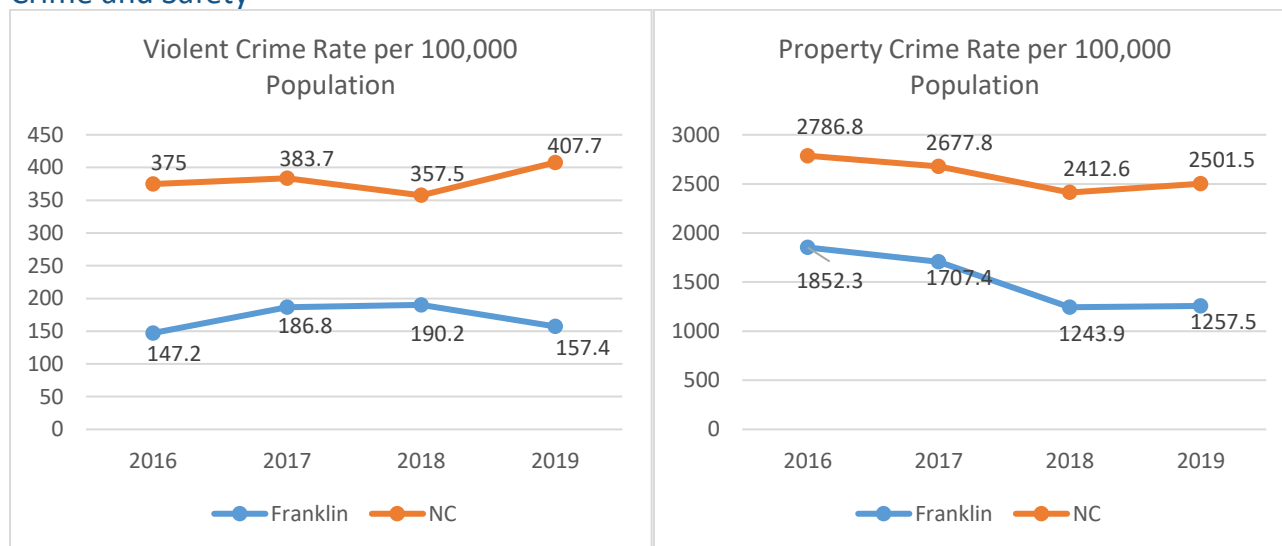
Violent Crime Rate per 100,000 Population

	2016	2017	2018	2019
Franklin	147.2	186.8	190.2	157.4
NC	375	383.7	357.5	407.7

Property Crime Rate per 100,000 Population

	2016	2017	2018	2019
Franklin	1852.3	1707.4	1243.9	1257.5
NC	2786.8	2677.8	2412.6	2501.5

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

From 2016 to 2019, the violent crime rate in Franklin County increased from 147.2 to 157.4.

During the same time period, the property crime rate has decreased from 1852.3 to 1257.5 and remained lower than the N.C. property crime rate.

Juvenile Crime
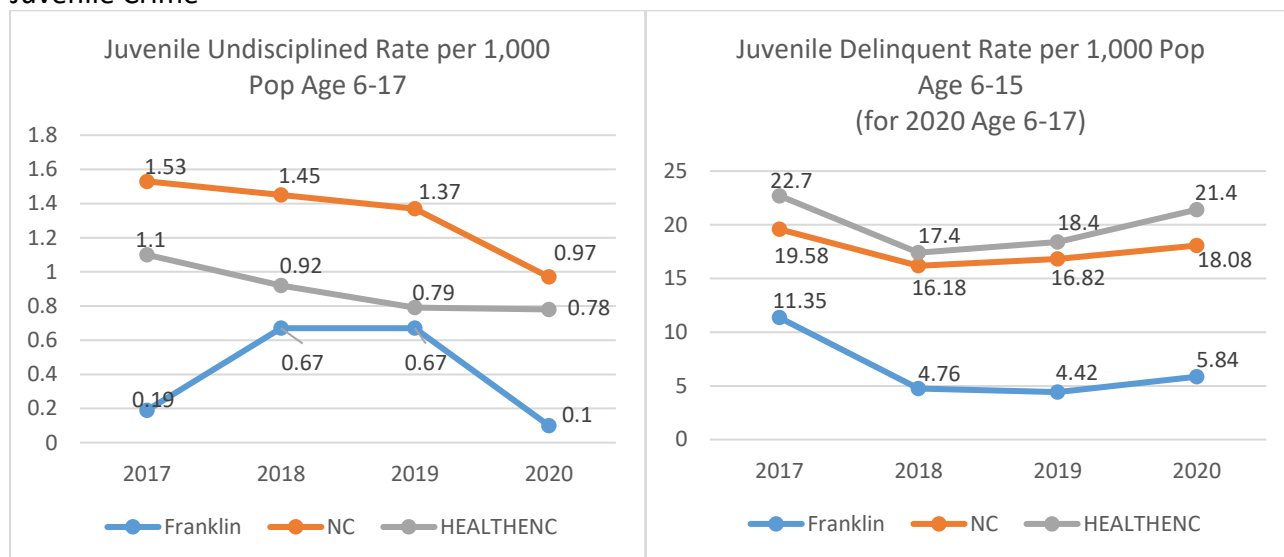
Source: NC. Dept. of Public Safety, juvenile justice county Databook (2017-2020)

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

In 2020, the juvenile undisciplined rate in Franklin County (0.1) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78).

In 2020, the juvenile delinquent rate for Franklin County was lower (5.84) than N.C. (18.1) and the Health ENC region (21.4).

Child Abuse

Child Abuse Reports Substantiated Rate per 1,000 Population Age 0-18

Year	Franklin	NC	HEALTHENC
2015	13.4	9.3	9.5
2016	14.1	9.2	10.0
2017	13.0	8.7	9.3
2018	0.8	8.0	8.8
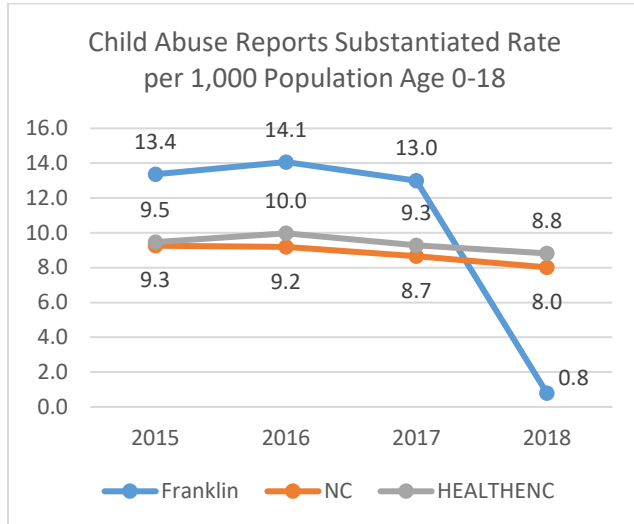
Child abuse includes physical, sexual, and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

In 2017-2018, Franklin County witnessed a substantial drop in the child abuse rate (13.0 to 0.8 per 1,000 pop.) This rate is considerably lower than NC (8.0 per 1,000 pop.) and the Health ENC County Region (8.8 per 1,000).

Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships, and recidivism.

Over the past four measurement periods, the incarceration rate in Franklin County has decreased. In 2019-2020, the incarceration rate in Franklin County was lower (163.9 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2).

Incarceration Rate per 100,000 Population (NC Dept of Public Safety)

Year	Franklin	NC	HEALTHENC
2016-2017	228.2	369	416
2017-2018	187.6	361.4	412.2
2018-2019	201.4	347.4	390.4
2019-2020	163.9	304.2	345.2
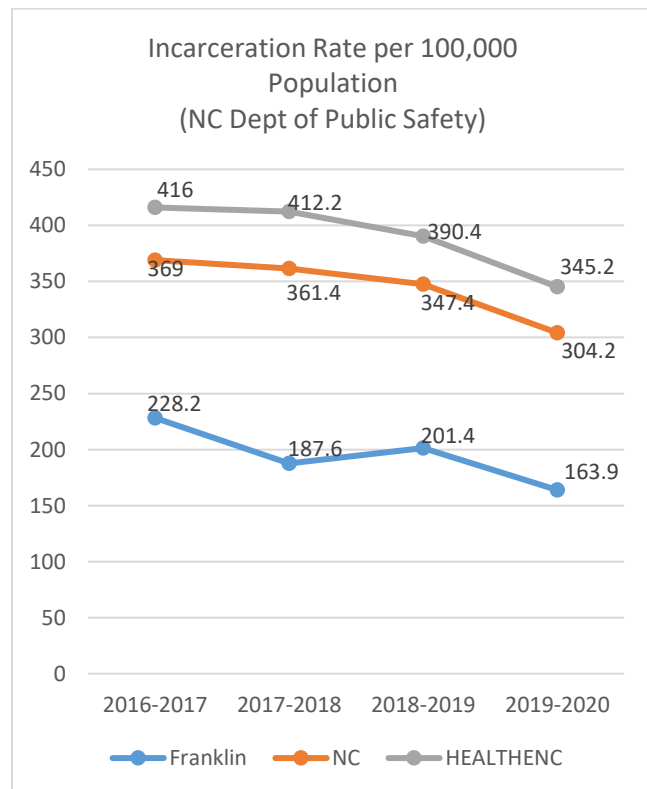
Civic/Political Engagement

Percent of Population of Voting Age (ACS 2015-2019)

Location	Percent
Franklin	77.8
North Carolina	77.6
Health ENC Counties	77.1
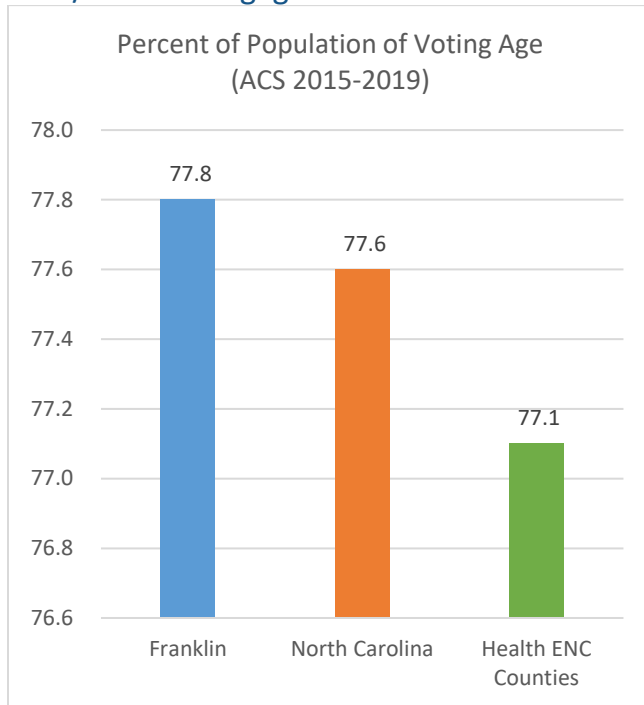
Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights, and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Franklin County has a slightly higher percent of residents of voting age (77.8%) than North Carolina (77.6%) but marginally higher than Health ENC Counties (77.1%)

Analysis of Socioeconomic Profile

- Median household income was on average with the state, but rates of people living below the poverty line (13%) was significantly lower than the state average (15%) (U.S. Census Bureau ACS, 2015-2019). Rates of children living in poverty were also lower than the state average.
- Housing costs were modestly lower in Franklin County than the state, by 5% (U.S. Census Bureau ACS, 2015-2019).
- Percent of households utilizing SNAP (Supplemental Nutrition Assistance Program) were significantly higher than the state average (16% to 13%) (U.S. Census Bureau ACS, 2015-2019).
- There has been drastic improvements in the high school dropout rate in the past 5 years, moving from 3.2/100 students to .04/100 students (N.C. Dept of Public Instruction, 2016-2020)
- Access to public transportation continues to be an issue in the county with only .2% utilizing public transit to get to work. A very high percentage (84%) of residents drive alone to work. Could indicate a high percentage of residents who work in surrounding (Wake/Durham) counties (U.S. Census Bureau ACS, 2015-2019).
- Continued low rates of crime are consistent over the past 10 years. Rates of violent, property, and juvenile crime (as well as child abuse and incarceration) are well below state averages.

Chapter 4 Clinical Care Profile

Health Insurance Coverage

Percent Age 0-64 with Health Insurance (ACS 2015-2019)

Franklin: 86.2
North Carolina: 87.3
Health ENC Counties: 87.0
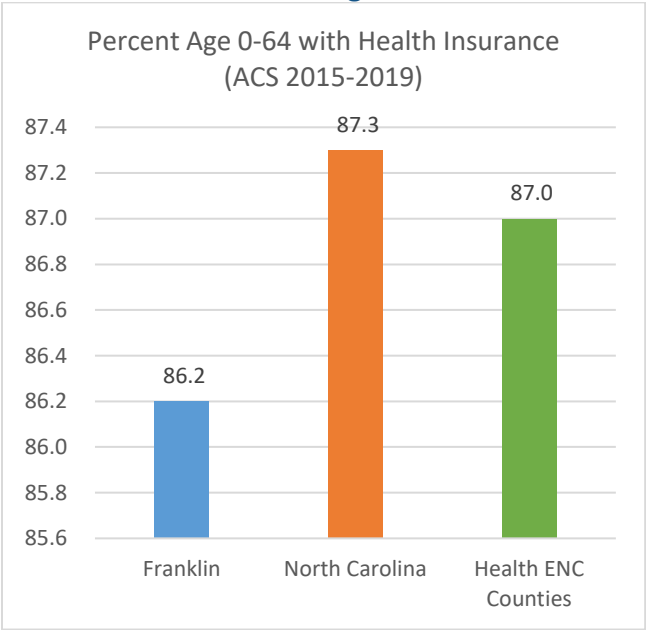
Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings so if they do become ill, they may not seek treatment until the condition is more advanced and more costly to treat.

Nearly 14% of the population 0-64 years of age in Franklin County are uninsured. The rate of individuals aged 0-64 years old that have health insurance coverage is 86.2%, which was slightly lower than the rate for NC (87.3%) and the Health ENC region (87.0%).

Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

In Franklin County, 15% of the population report receives health insurance coverage through Medicaid, 5.7% Medicare and 0.2% Tricare.

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare (ACS 2015-2019)

	Franklin	North Carolina	Health ENC Counties
Receiving Medicaid Only	15.0	13.4	15.8
Receiving Medicare Only	5.7	5.5	5.0
Receiving Tricare Only	0.2	0.4	0.6

Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017
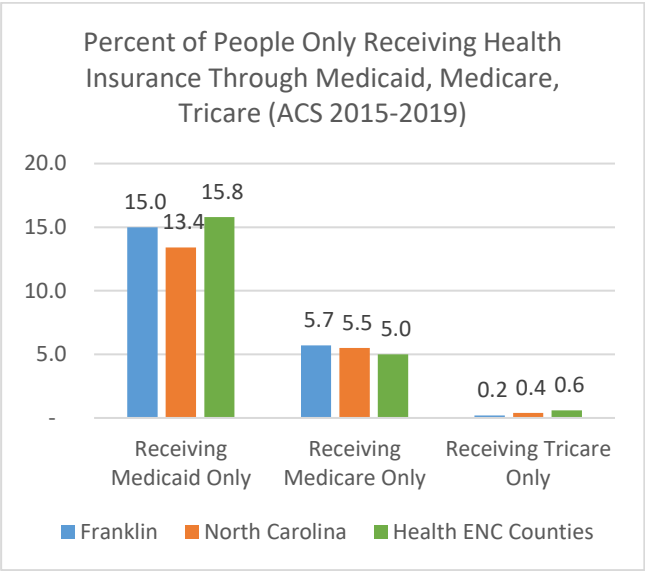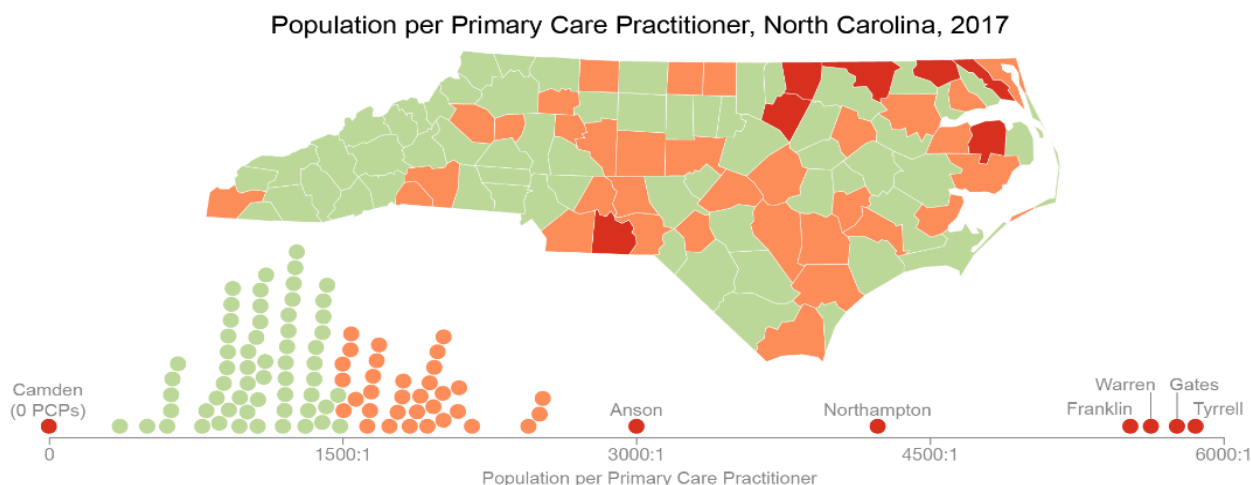
Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management

Source: https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel coronavirus in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map above, green indicates the county is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Franklin County is shaded red in color and does not meet the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

Currently, **60% of NC's 100 counties meet the NCIOM's target**. Seven counties were substantially below target: Anson, Northampton, **Franklin**, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers.

The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019

— Interstates

Profession Demographics for Franklin County

Source: https://nchealthworkforce.unc.edu/interactive/supply/

The number of physicians per 10,000 population in Franklin County has decreased from 6.14 physicians in 2000 to 1.45 in 2019.

Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

Analysis of Clinical Care Profile

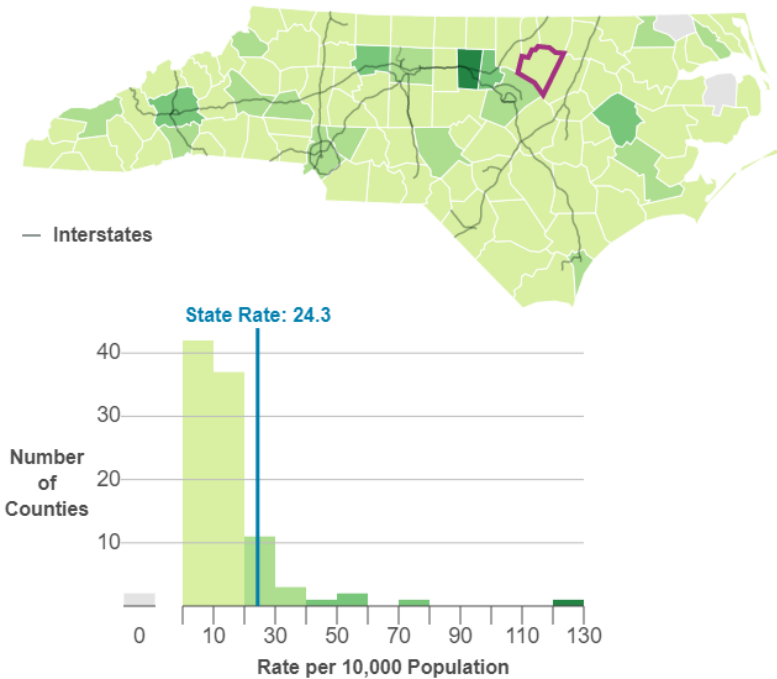- The ratio of physicians for Franklin County is 1 per 13,510 compared to the NC ratio of 1 per 1,400 (County Health Rankings, 2018). Franklin County does not meet the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people (Center for Health Services Research UNC, 2017).
- The providers present in Franklin County tend to be older, white, and male relative to the rest of the state.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Franklin County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	144	206.64	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	131	187.99	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Cerebrovascular Disease	42	60.27	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Chronic Lower Respiratory Diseases	37	53.1	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Other Unintentional Injuries	34	48.79	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Alzheimer's Disease	33	47.36	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Motor Vehicle Injuries	17	24.4	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Diabetes Mellitus	16	22.96	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Suicide	12	17.22	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Pneumonia and Influenza	11	15.79	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019.**
Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

Leading Causes of Death by Race, Ethnicity and Gender

Death Rates; Race, Ethnicity & Gender

Cause of Death	White, Non-Hispanic		African American, Non-Hispanic		American Indian, Non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Death	Rate
Heart Disease	99	210.6	43	252.9	1	119	1	16.9	77	226.5	67	191.4	144	205.7
Cancer	93	197.9	36	211.8	N/A	N/A	1	16.9	72	211.8	59	168.4	131	187.1
Cerebrovascular Disease	26	55.3	15	88.2	N/A	N/A	1	16.9	17	50	25	71.4	42	60
Chronic Lower Respiratory Diseases	26	55.3	11	64.7	N/A	N/A	N/A	N/A	17	50	20	57.1	37	52.9
Other Unintentional Injuries	27	57.4	6	35.3	N/A	N/A	1	16.9	21	61.8	13	37.1	34	48.6
Alzheimer's Disease	23	48.9	10	58.8	N/A	N/A	N/A	N/A	8	23.5	25	71.4	33	41.7
Motor Vehicle Injuries	14	29.8	3	17.6	N/A	N/A	N/A	N/A	15	44.1	N/A	N/A	17	24.3
Diabetes Mellitus	N/A	N/A	10	58.8	N/A	N/A	N/A	N/A	10	29.4	6	17.1	16	22.9
Suicide	9	19.1	N/A	N/A	N/A	N/A	1	16.9	11	32.4	N/A	N/A	12	17.1
Pneumonia and Influenza	9	19.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6	17.1	11	15.7

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019**.
Source: North Carolina State Center for Health Statistics 2019 (https://schs.dph.ncdhhs.gov/interactive/query/lcd/lcd.cfm)

Leading Causes of Injury Death, Hospitalizations and Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	67
2	Poisoning - Unintentional	63
3	Firearm - Self-Inflicted	27
4	Fall - Unintentional	24
5	Firearm - Assault	15
TOTAL		242

Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	Fall - Unintentional	520
2	MVT - Unintentional	225
3	Poisoning - Unintentional	107
4	Fire/Burn - Unintentional	56
5	Poisoning - Self-Inflicted	51
TOTAL		1,142

Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	2,544
2	Fall - Unintentional	2,044
3	Natural/Environmental - Unintentional	659
4	Other Specified/Classifiable - Unintentional	381
5	Poisoning - Unintentional	348
TOTAL		17,503

Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases

Disease	Percent
Chlamydia	41.58%
Gonorrhea	18.52%
Nongonococcal urethritis	15.17%
Hepatitis C - Chronic	11.35%
Rocky Mountain Spotted Fever	3.35%
Campylobacter infection	2.03%
Salmonellosis	1.55%
Lyme Disease	0.48%
Syphilis – 04. Unknown Duration or Late…	0.48%
Ehrlichiosis, Human Monocytic Ehrlichiosis	0.48%

Cases (x-axis: 0, 100, 200, 300, 400)
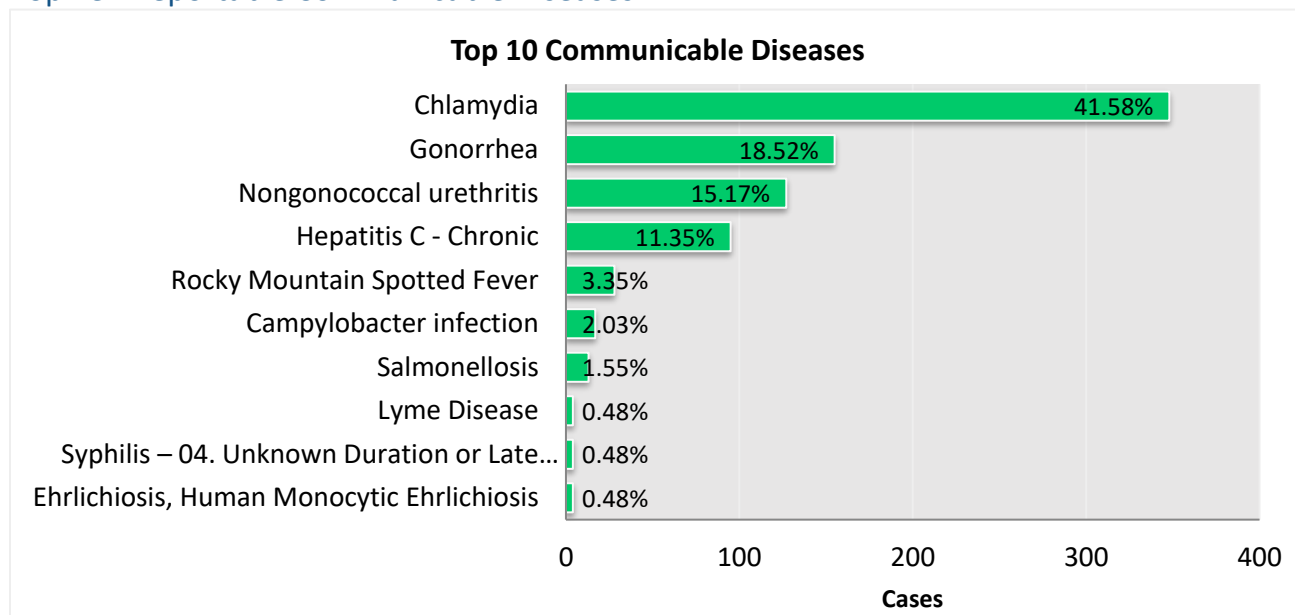
Note: For NC State-wide rates and reported number of cases, refer to https://public.tableau.com/app/profile/nc.cdb/viz/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends
Data Source: NCDHHS, (latest available data, 2018).

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard:

https://NCD3NorthCarolinaDiseaseDataDashboard

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in 2018 in Franklin County are shown above. Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system. Communicable disease case counts and rates at the state and county level can be found by following the weblink in the slide.

Analysis of Chronic and Communicable Disease Profile

- The chronic disease and communicable disease profile for Franklin County is generally aligned with rates for the state and other ENC counties. The 10 leading causes of death are similar with slightly different rates.
- Injury and Hospitalization/ED visitation rates are also similar to state rates.
- STD and communicable disease rates are aligned with state and ENC averages.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Franklin	NC
Health Outcomes		
Premature Death	8,200	7600
Low Birthweight	9%	9%
Health Factors		
Health Behaviors		
Adult Smoking	21%	18%
Adult Obesity	41%	32%
Clinical Care		
Uninsured	14%	13%
Primary Care Physicians	13510 to 1	1400 to 1
Flu Vaccinations	55%	52%
Social & Economic Factors		
High School Completion	86%	88%
Unemployment	4.00%	3.90%
Children in Poverty	17.00%	19.00%
Social Associations	8.6	11.5
Injury deaths	87	77
Physical Environment		
Air Pollution - particulate matter	9.1	8.5
Drive alone to work	84%	81%

Source: County Health Rankings
 https://www.countyhealthrankings.org/

Areas to Explore	Areas of Strength

Chapter 7 County Health Ranking Indicators

Population Health Model

County Health Rankings model © 2014 UWPHI
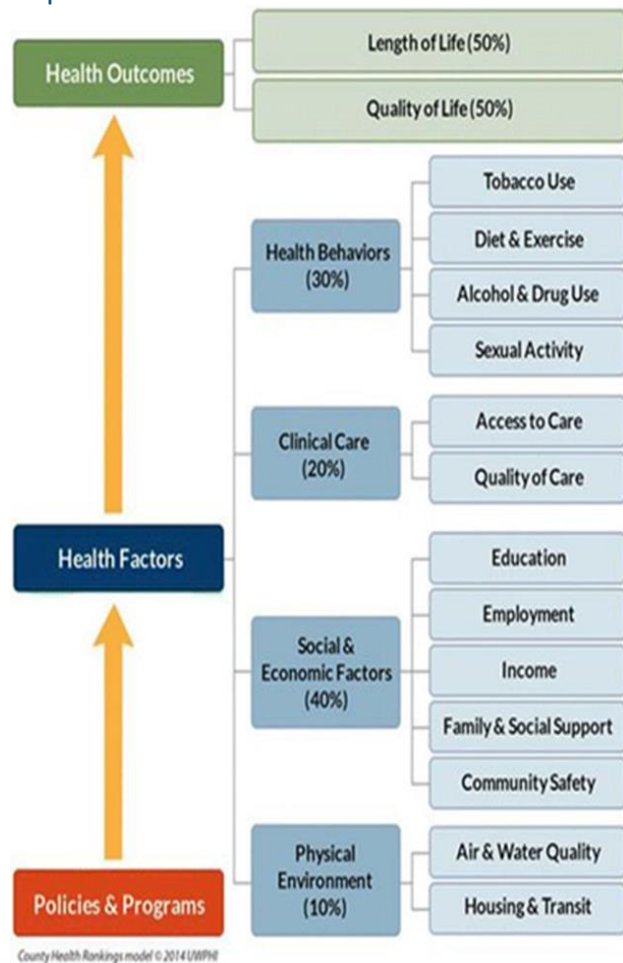
The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the model to learn more about these measures and how they fit together to provide a profile of community health.

There are many factors that influence how well and how long people live.

The *County Health Rankings* model (left) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.

The rankings provide county-level data on health behavior, clinical care, and social, economic, and physical environment factors.

Chapter 8 Survey Findings

Community surveys included 25 questions and were distributed online and in paper format. Paper surveys were distributed at the Health Department and at the Triangle North Executive Airport during the April/May 2021 COVID-19 mass vaccination clinics.

Key Areas Examined
•   Quality of life, health behaviors, health perceptions
•   Preventative services, exercise, and access to care

County Responses
•   295 Total English (Total in ENC survey =16,661)
•   6 Total Spanish (Total in ENC survey =502)

Quality of Life Ranking

Category	Percentage
Low income/poverty	20.19%
Drugs/alcohol (substance abuse)	17.74%
Lack of community resources	12.25%
Transportation	10.62%
Lack of affordable housing	10.27%
Health insurance	6.88%
COVID-19 pandemic	5.48%
Poor housing conditions	4.08%
Other (please specify)	3.03%
Neglect and abuse	2.45%
Violent crime (murder, assault), theft	2.22%
Dropping out of school	1.98%
Lack of access to enough food	1.98%
Child abuse	0.47%
Rape/sexual assault	0.35%
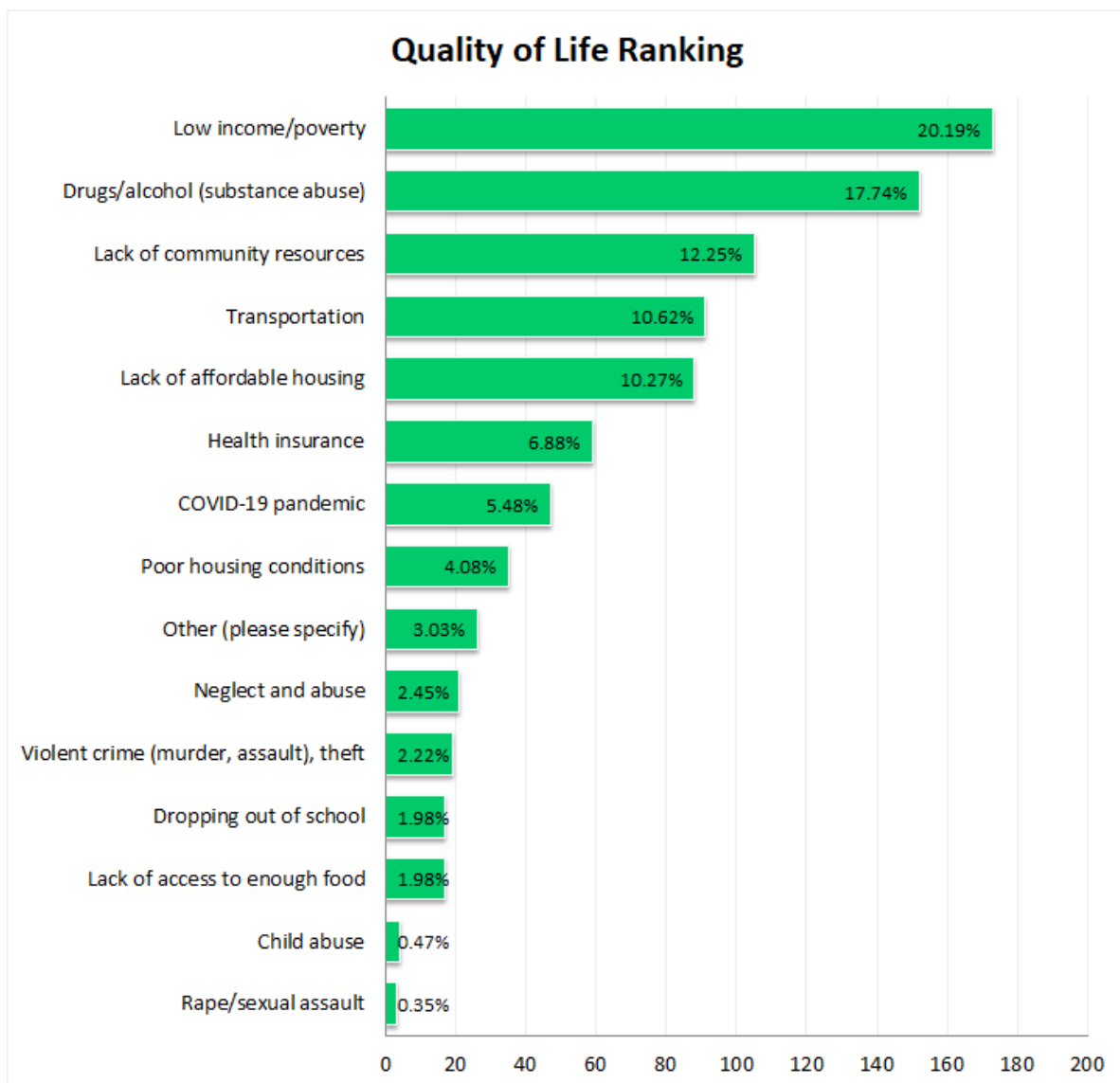
Do you (strongly) disagree, are neutral, or (strongly) agree with the following?

Legend: Strongly Disagree · Disagree · Neutral · Agree · Strongly Agree
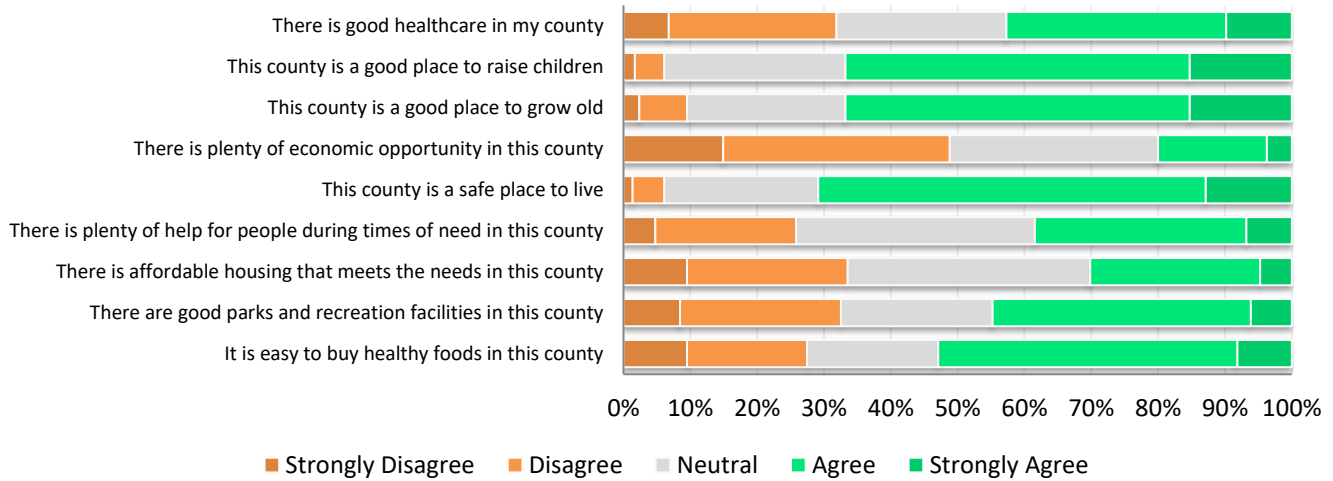
Analysis of Community Survey

- A large portion of residents responded that Franklin County was a safe place live, raise children and grow old. The percentage of residents who agreed or strongly agreed with those 3 statements was greater than 65%
- Approximately 50% of survey respondents agreed or strongly agreed that it was easy to buy healthy foods in Franklin County.
- The lack of economic opportunity was the statement that the most residents disagreed or disagreed strongly with, at 50%. Low income or poverty also ranked highest on the quality of life ranking.

Chapter 9 Inventory of Resources

Hospitals/Emergency Rooms
Maria Parham Franklin – (919) 340-8700
Nursing Homes/Adult Care
Franklin Oaks Nursing and Rehab Center – (919) 496-7222
Louisburg Healthcare and Rehabilitation Center – (919) 496-2188
Louisburg Manor – (919) 496-6084
Louisburg Gardens – (866) 232-1728
Alston Family Care Home – (919) 853-6715
Divine Family Home 3 (Franklinton) – (919) 494-1081
Divine Family Home 4 (Youngsville) – (984) 235-7304
Louisburg Senior Village – (919) 496-1611
Franklin Manor – (919) 562-5550
Mental Health Services/Facilities
Cardinal Innovations – (252) 430-1330
Carolina Partners in Mental Healthcare, PLLC – (919) 488-1444
Central Community Services – (919) 496-3958
Sherry Et El Counseling Services, PLLC – (919) 496-0230
Visions Behavioral Health Services – (919) 496-7781
Homeless Family Resources
Safe Space – (919) 497-5444
Goodwill Thrift Store – (919) 340-1181
ACTS of Henderson – (252) 495-8231
United Wat of Franklin County – (919) 495-9179
Employment
Franklin Vance Warren Opportunity – (919) 496-3022
Employment Security Commission (919) 496-6250
Home Health Care
Amedisys Home Health – (866) 327-4195
Franklin County Home Health Agency – (919) 496-2143
Gentiva-Kindred at Home – (919) 554-2279
Hospice Care
Amedisys Hospice – (919) 494-3773
Emerald Coast Hospice – (919) 496-1206
Hospice of Wake County – (919) 554-4974
Education Services
Louisburg College – (919) 496-2521
Vance-Granville Community College – (919) 496-1567
Franklin Granville Vance Smart Start – (252) 433-9110
Franklin County Cooperative Extension – (919) 496-3344
Community Health Centers
Advance Community Health – (919) 833-3111
Emergency Services
Franklin County Office of Emergency Services – (919) 496-5005
Urgent Care

Med Access Urgent Care – (919) 562-2340
Impact Healthcare – (919) 496-4976 (also offers Primary Care)
Medical and Health Transportation
KARTS – (252) 438-2573
Dialysis Centers
DaVita Dialysis Care of Franklin County – (919) 496-0300
Fresenius Kidney Care Tar River – (919) 497-0180
Private Medical Providers
Bunn Medical Center – (919) 496-2889
NC Pediatric Associates – (919) 496-7337
Beckford Centerville Medical Center – (919) 340-0283
Duke Primary Care – (252) 231-4004
William Sayles, MD – (919) 496-3680
Adrienne Tounsel, MD – (919) 435-6576
Franklin County Cancer Center – (919) 497-0113
Andrew Kronenberg, MD – (919) 496-3909
Ghassan Al-Sabbagh, MD – (919) 496-2745
Orthopaedic Specialist of NC – (919) 562-9410
Senior Centers
Franklin County Department of Aging – (919) 496-1131
Louisburg Senior Center – (919) 496-1131
Franklinton Senior Center – (919) 494-5611
Law Enforcement
Franklin County Sheriff's Department – (919) 496-2186
Social Services
Department of Social Services – (919) 496-5721
Adoption services, case management for children at risk of abuse or neglect, foster care, foster home licensure, independent living preparation, child protective services, parenting classes, food and nutrition services, workfirst family assistance, managed care, Medicaid, child support services, home mobility aid, in-home special assistance, adult care home case management, and placement services, guardianship, adult home specialists, community alternative programs, emergency services.
Health Department
Franklin County Health Department (919) 496-2533
Infant and Child Health, Immunizations, Pregnancy Care Management,
Maternal Health, Care Coordination 4 Children (CC4C), Women, Infants,
Children (WIC), Family Planning, Adult Health, Communicable Disease Control, Health Education/Promotion,
Laboratory Services, Environmental Health
Obstetrics/Prenatal
Franklin County Health Department – (919) 496-2533
Chiropractors
Louisburg Chiropractic Center – (919) 496-4664
Robbins Chiropractic Center – (919) 556-3333
Youngsville Chiropractic Center – (919) 556-2001
High Risk Obstetrics/Prenatal
Duke University Medical Center – (919) 684-8111
Maria Parham Women's Care – (252) 492-8576
Dental Health Providers

Bunn Family Dentistry – (919) 729-1103
Franklin Plaza Dentist – (919) 853-6453
Hardy Family Dentistry – (919) 496-3088
Dr. Bert Kelling, DDS – (919) 496-6555
Louisburg Family Dentistry – (919) 496-1100
Axiom Dentistry of Louisburg – (919) 298-2008
Clark Family Dentistry – (919) 562-2400
Dr. E. Smoak Ackerman Dentistry – (919) 488-0233

Parks and Recreation
Franklin County Parks and Recreation – (919) 496-6624
The mission of the Parks and Recreation Department is to promote the quality of life by serving the community's needs for leisure, parks, information and referral, by providing quality and affordable recreational programs and services to all residents.

Hotlines/Help Numbers
Alcohol/Drug Council of NC – 1-800-688-4232
Americans with Disabilities Act Hotline – 1-800-514-0301
National Drug Helpline – 1-888-633-3239
CDC National AIDS Hotline – 1-800-CDC-INFO (1-800-232-4636)
Children with Special Health Care Needs Help Line – 1-800-737-3028
Cleft Lip/Palate Support – 1-800-24-CLEFT (1-800-242-5338)
National Runaway Safeline – 1-800-RUNAWAY (1-800-786-2929)
NC Poison Control – 1-800-222-1222
NC Family Health Resource Line – 1-800-FOR-BABY (1-800-367-2229)
STD Hotline – 1-800-227-8922
Substance Abuse Hotline – 1-800-662-4357
Suicide Hotline – 1-800-273-8255
QuitlineNC - (800) QUIT-NOW or QuitlineNC.com
The Quitline is a free and confidential service that pairs you with a coach to help you quit tobacco products.

Grocery Stores
Carlie C's IGA - 115, S Bickett Blvd, Louisburg, NC 27549
Food Lion - 321 S Bickett Blvd, Louisburg, NC 27549
Food Lion - 33801 US-1, Franklinton, NC 27525
Food Lion - 649 Main St, Bunn, NC 27508
Food Lion - 1160 US 1 North, Youngsville, NC 27596
Moss Foods - 812 S Bickett Blvd, Louisburg, NC 27549
Walmart Supercenter - 705 Retail Way, Louisburg, NC 27549

Child Care
Louisburg
ABC Adeventures Preschool and Child Care - (919) 496-2886
Almost Home Wee Care, LLC - (919) 556-4121
Edward Best Elementary Pre-K - (919) 853-2347
Kid's Zone - (919) 496-6433
Little Angel's Child Care Center - (919) 497-4032
Louisburg Elementary Pre-K - (919) 496-3767
Nelson Head Start Center - (919) 496-4585
Precious Beginnings Child Care - (919) 496-4200
Saint Paul Presbyterian Day Care - (919) 496-2069

The Kid's Corner - (919) 497-5670
Youngsville
Children's Ark Creative Learning Center - (919) 556-7222 Kids Learning Academy, Inc. - (919) 554-1881
Long Mill Elementary Pre-K - (919) 554-0667
Shining Time Child Development Center - (919) 556-4989
Franklinton
Dream World Academy - (919) 494-2177
Franklinton Elementary Pre-K - (919) 494-2479
Franklinton Head Start - (919) 494-1628
Franklin United Methodist Church Day Care - (919) 494-5177
Bunn
Bunn Head Start - (919) 496-0175
Helping Hangs Child Care of Bunn - (919) 496-3862

Chapter 10   Community Prioritization Process

The development of a community health needs assessment is a methodical and time-consuming process. The initial data collection and analysis phase for the 2021 Community Health Needs Assessment began in the spring of 2021. Multiple data sources were considered, including those that might better reflect the specific conditions and circumstances of Franklin County residents. Efforts were made to compensate for the limitations of existing data at the local level and for the effects of COVID-19 on not just healthcare, but society at large. These included data, analysis and surveys of local non-profits, health systems, CAPRAC (Capital Region Advisory Council), and community resident surveys.

Multiple methodologies, including community and stakeholder engagement and analysis of data, were used to identify key areas of need. The findings from the analysis of the primary (new) and secondary (existing) data were presented to the Steering Committee in February 2022. Because many health concerns involve risk factors, or variable(s) that increase a person's chance of developing a disease or contribute to a health problem, clearly identifying community health needs can be a complex process. Identifying key community health issues and determining needs differ by each community, and Franklin County was no different. When selecting our significant health needs for the county, we took the following criteria into consideration:

- Consider risk factors and behaviors, not only disease outcomes
- Address high-priority public health issues that have a major impact on public health outcomes
- Large disparities in health outcomes relative to other ENC counties and the state
- Are modifiable in the short term (through evidence-based interventions and strategies to motivate action)
- Available (or anticipated) resources to address the health issue
- Consider social determinants of health, health disparities, and health equity
- Includes multiple sources of monitoring data, preferably those data points captured annually (data sources as current and relevant as possible)

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	**Source**	**Years**
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	**Source**	**Years**
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	**Source**	**Years**
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020

Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

Appendices to the 2021 Community Health Needs Assessment

Appendix A. HNC 2030 State and County Data (December 2021)

Social and Economic Factors					
Health Indicator	**Desired Result**	**Definition**	**Franklin County**	**North Carolina**	**HNC 2030 Target**
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	32.3% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	5.2% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-ofschool short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	192 (2020)	288 (2020)	150

Health Indicator	Desired Result	Definition	Franklin County	North Carolina	HNC 2030 Target
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACE's do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	**Desired Result**	**Definition**	**Franklin County**	**North Carolina**	**HNC 2030 Target**
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	61% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low income that are not near a grocery store	2% (2015)	7% (2015)	5.0%
Food Insecurity**			14% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	13% (20132017)	15% (20132017)	14.0%

Notes for Physical Environment data:
  * The U.S. Department of Agriculture last updated this measure in 2015.
** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Franklin County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	26.70 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/ecigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	15.9% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	15.8% (2020)	15.6% (2020)	12.0%
Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugarsweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugarsweetened beverages per day	33.0% (2019)	35.4% (2019)	20.0%

Health Indicator	Desired Result	Definition	Franklin County	North Carolina	HNC 2030 Target
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	3.3 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	19.9 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Health Outcomes					
Health Indicator	**Desired Result**	**Definition**	**Franklin County**	**North Carolina**	**HNC 2030 Target**
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	10.6 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	3.63 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	77.3 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.
https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html

Clinical Care					
Health Indicator	Desired Result	Definition	Franklin County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	11.3% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancyrelated health care services during the first trimester of pregnancy	61.1% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self- harm per 100,000 population	16.2 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population

328:1 to 1500:1
1501:1 to 3000:1
3001:1 to 4500:1
4501:1 and up
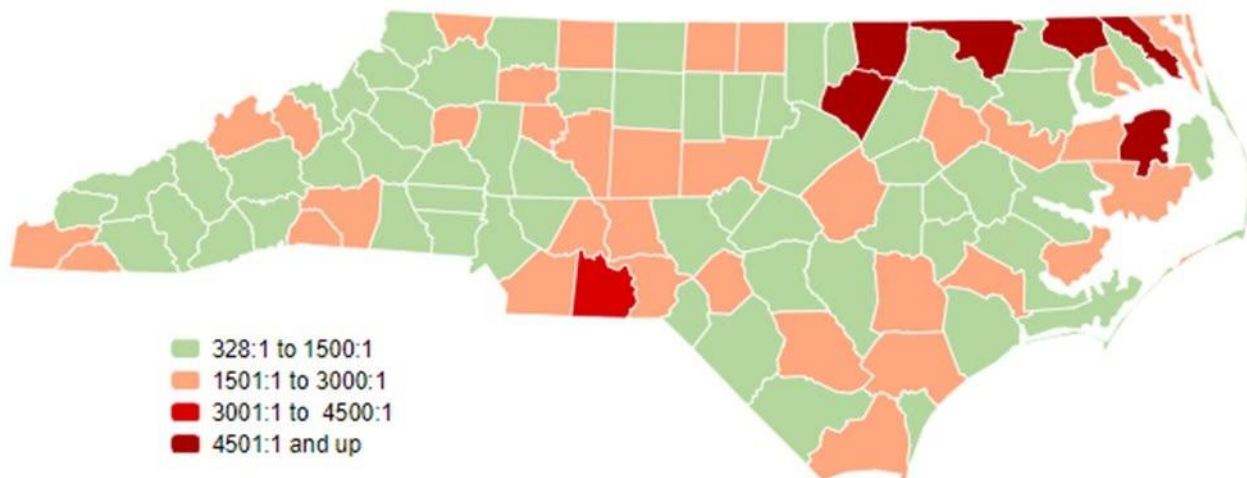
Appendix B. County Data Tables (Spring 2021)

Table 1. Population Estimate, Franklin County, North Carolina, and United States (2019)

Franklin County		North Carolina		United States	
69,685		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	15.1%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate

https://www.census.gov/quickfacts/fact/table/franklincountynorthcarolina/RHI825219

Table 2. Age Distribution, Franklin County and North Carolina (2019)

Age Group	Franklin County (%)	North Carolina (%)
Persons under 5 years	5.6%	5.8%
Persons under 18 years	21.8%	21.9%
Persons 65 years and over	17.1%	16.7%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate

https://www.census.gov/quickfacts/fact/table/franklincountynorthcarolina/RHI825219

Table 3. Age Distribution by Age Group, Franklin County (2015-2019)

Age Group	Estimate	Percent
Total population	66,362	100%
Under 5 years	3,725	5.6%
5 to 9 years	3,665	5.5%
10 to 14 years	4,674	7.0%
15 to 19 years	4,269	6.4%

20 to 24 years	3,939	5.9%
25 to 34 years	7,590	11.4%
35 to 44 years	8,271	12.5%
45 to 54 years	9,624	14.5%
55 to 59 years	4,958	7.5%
60 to 64 years	4,739	7.1%
65 to 74 years	6,735	10.1%
75 to 84 years	3,206	4.8%
85 years and over	967	1.5%
Median age (years)	41.4	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

https://data.census.gov/cedsci/table?q=DP05&g=0500000US37069&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

Table 4. Population Distribution by Gender, Franklin County and North Carolina (2019)		
Gender	Franklin (Percent)	North Carolina (Percent)
Female	50.5%	51.4%
Male	49.5%	48.6%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

https://www.census.gov/quickfacts/fact/table/franklincountynorthcarolina/RHI825219

Table 5. Veterans, Franklin County (2015-2019)		
	Number	Percent of population 18 years and older
Veterans	3,896	7.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S2101

https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37069&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true

Table 6. Race/Ethnicity, Franklin County and North Carolina (2015-2019)				
Race	Franklin County		North Carolina	
	Number	Percent	Number	Percent
White	44,679	67.3%	7,049,919	68.7%
Black or African American	16,594	25.0%	2,200,761	21.4%
American Indian and Alaska Native	794	1.2%	123,952	1.2%
Asian	329	0.5%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	159	0.2%	7,213	0.1%
Hispanic or Latino (of any race)	5,587	8.4%	962,665	9.4%
Some other race	1,952	2.9%	316,763	3.1%
Two or more races	1,855	2.8%	273,276	2.7%
Total	66,362		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

https://data.census.gov/cedsci/table?text=DP05&g=0500000US37069&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

Table 7. Hispanic or Latino Origin and Race, Franklin County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Franklin	63.5%	24.8%	0.4%	0.5%	0.0%	0.4%	2.0%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: DP05

https://data.census.gov/cedsci/table?text=DP05&g=0500000US37069&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

Table 8. Limited English-Speaking Households, Franklin County (2015-2019)

All households	25,381	
Limited English-speaking households	447 ± 188	1.8%
Households Speaking:	Number	Percent
Spanish	1,496 ± 225	5.9%
Other Indo-European languages	252 ± 107	1.0%
Asian and Pacific Island languages	99 ± 50	0.4%
Other languages	134 ± 119	0.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1602

https://data.census.gov/cedsci/table?q=S1602&g=0500000US37069&tid=ACSST5Y2019.S1602&hidePreview=true

Table 9. Educational Attainment Population 25+ years, Franklin County and North Carolina (2015-2019)

	Franklin County	North Carolina
High School Graduate or Higher	86.2%	87.8%
Less than 9th Grade	5.3%	4.5%
High School, No Diploma	8.6%	7.7%
High School Graduate or Equivalency	29.8%	25.7%
Some College, No Degree	23.9%	21.2%
Associate Degree	10.5%	9.7%
Bachelor's Degree	15.5%	20.0%
Graduate or Professional Degree	6.5%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1501
https://data.census.gov/cedsci/table?q=Franklin%20county%20north%20carolina%20educational%20attainment&g=0500000US37069&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false

Table 10. SAT scores for Franklin County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Franklin	1,047	1,064	1,045	952
North Carolina	1,091	1,090	1074	997
United States	1,039	1049	NR	NR

Source: North Carolina School Report Cards

https://ncreports.ondemand.sas.com/src/?county=Franklin

Table 11. ACT Scores for Franklin County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Franklin County	49.0%	55.0%	59.3%	54.6%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards

https://ncreports.ondemand.sas.com/src/?county=Franklin

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Franklin County and North Carolina (2015-2019)

Income Level	Franklin County	North Carolina
Below $10,000	5.2%	6.4%
$10,000-$14,999	4.8%	5.0%
$15,000-$24,999	10.9%	10.3%
$25,000-$34,999	10.4%	10.3%
$35,000-$49,999	13.7%	13.9%
$50,000-$74,999	18.9%	18.0%
$75,000-$99,999	14.2%	12.4%
$100,000-$149,999	14.4%	13.1%
$150,000-$199,999	4.5%	5.1%
$200,000 or more	2.9%	5.4%
Median household income	$55,193	$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S1901

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Franklin County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Franklin County	19.1%	19.2%	6.1%	10.5%	9.1%	8.5%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701

https://data.census.gov/cedsci/table?q=Franklin%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false

Table 14. Means of Transportation to Work by Age, Franklin County (2015-2019)

Label	Estimate
Total:	30,171
Car, truck, or van:	28,111
Drove alone	25,289
Carpooled:	2,822
In 2-person carpool	2,148
In 3-person carpool	329
In 4-person carpool	60
In 5- or 6-person carpool	177

In 7-or-more-person carpool	108
Public transportation (excluding taxicab):	59
Bus	59
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	12
Motorcycle	62
Bicycle	13
Walked	405
Other means	96
Worked from home	1,413
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: B08301 https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37069&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true	

Table 15. Financial Characteristics for Housing Units with a Mortgage in Franklin County (2015-2019)		
	Franklin County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units With a Mortgage	11,491	

Less than $50,000	326	2.8%
$50,000 to $99,999	1635	14.2%
$100,000 to $299,999	7683	66.9%
$300,000 to $499,999	1531	13.3%
$500,000 to $749,999	251	2.2%
$750,000 to $999,999	19	0.2%
$1,000,000 or more	46	0.4%
Median (dollars)	$ 170,000	$ 170,000
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	1,345	11.7%
Second mortgage only	276	2.4%
Home equity loan only	1,069	9.3%
Both second mortgage and home equity loan	88	0.8%
No second mortgage and no home equity loan	10,058	87.5%
Household Income in the past 12 months (in 2019 inflation-adjusted dollars)		
Less than $10,000	232	2.0%
$10,000 to $24,999	815	7.1%
$25,000 to $34,999	542	4.7%
$35,000 to $49,999	1,527	13.3%
$50,000 to $74,999	2,572	22.4%
$75,000 to $99,999	2,051	17.8%
$100,000 to $149,999	2,447	21.3%
$150,000 or more	1,305	11.4%
Median household income (dollars)	$75,769	$75,769

Table 16. Financial Characteristics for Housing Units without a Mortgage in Franklin County (2015-2019)

	Franklin County, North Carolina	
	Owner-occupied housing units without a mortgage	**% owner-occupied housing units without a mortgage**
Owner-Occupied Housing Units with a Mortgage	7,238	
Less than $50,000	1,507	20.8%
$50,000 to $99,999	1,384	19.1%
$100,000 to $199,999	2,682	37.1%
$200,000 to $299,999	1,032	14.3%
$300,000 to $499,999	545	7.5%
$500,000 to $749,999	44	0.6%
$750,000 to 999,999	22	0.3%
$1,000,000 or more	22	0.3%
Median (dollars)	$115,900	$115,900
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	493	6.8%
$10,000 to $24,999	1,617	22.3%
$25,000 to $34,999	998	13.8%
$35,000 to $49,999	926	12.8%

$50,000 to $74,999	1,198	16.6%
$75,000 to $99,999	799	11.0%
$100,000 to $149,999	737	10.2%
$150,000 or more	470	6.5%
Median household income (dollars)	$42,982	$42,982

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates

Table ID: S2507

https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37069&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true

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Table 17. Live Births, Franklin County and North Carolina (2018)

County/State	Total Births	Total Rate	Whitenon-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Franklin County	697	10.3	421	9.7	173	9.9	85	14.7
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Franklin.html

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Table 18. Live Births by Sex, Franklin County (2018)

County/State	Total	Total Rate	White, nonHispanic	White, non-Hispanic rate	Black, nonHispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	349	5.2	208	4.8	91	5.2	40	6.9
Females	348	5.2	213	4.9	82	4.7	45	7.8

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Franklin.html

Table 19. Low Birth Weight, Franklin County and North Carolina (2019)

County of Residence	Birth Weight	Total Births	%	Non-Hispanic Total Births	Pct.	White Births	Pct.	Black Births	Pct.	Other Births	Pct.	Hispanic Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
North Carolina	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Franklin County	Low	319	9.1	298	9.7	152	7.3	138	14.7	8	15.1	21	5.1
Franklin County	Very Low	55	1.6	46	1.5	18	0.9	27	2.9	1	1.9	9	2.2

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html

Table 20. Fetal Death Rates per 1.000 Deliveries, Franklin County and North Carolina (2014-2018)

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Franklin	25	7.1	6	*	17	*	0	*	2	*

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Franklin County and North Carolina (2012-2016)

County/State	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Franklin	148	40.8	301	76.4	350	166.9	194	101.0	1,874	489.1

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx

Table 22. Neonatal (<28 Days) Death Rates, Franklin County and North Carolina (2014-2018)

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Franklin	22	6.3	8	*	12	*	0	*	2	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf

Table 23. Age-Adjusted Death Rates, Franklin County (2014-2018)

	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, nonHispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,969	764.3	892	875.4	13	N/A	5	N/A	49	465.2	1,522	929.8	1,406	656.2	2,928	780.6
Diseases of Heart	404	158.1	209	201.9	1	N/A	0	N/A	9	N/A	339	213.1	284	131.9	623	166.3
Acute Myocardial Infarction	65	23.9	20	19.7	0	N/A	0	N/A	2	N/A	48	25.7	39	18.3	87	22.2
Other Ischemic Heart Disease	154	59.2	81	75.7	0	N/A	0	N/A	3	N/A	149	92.8	89	40.7	238	62.4
Cerebrovascular Disease	114	44.4	62	57.8	1	N/A	0	N/A	6	N/A	84	50.6	99	44.3	183	48.4
Cancer	471	165.5	201	189.7	4	N/A	1	N/A	13	N/A	385	217.2	305	137.8	690	171.3
Colon, Rectum, and Anus	36	13.0	14	N/A	1	N/A	0	N/A	0	N/A	26	15.2	25	11.3	51	12.9
Pancreas	30	10.5	13	N/A	0	N/A	0	N/A	1	N/A	21	12.0	23	10.2	44	10.7
Trachea, Bronchus, and Lung	144	47.7	57	52.7	1	N/A	0	N/A	1	N/A	125	65.9	78	34.0	203	48.2
Breast	27	18.1	17	N/A	1	N/A	0	N/A	4	N/A	0	N/A	49	22.7	49	22.7
Prostate	17	N/A	10	N/A	0	N/A	0	N/A	0	N/A	27	16.5	0	N/A	27	16.5
Diabetes Mellitus	50	17.7	36	31.9	0	N/A	1	N/A	0	N/A	48	25.5	39	17.1	87	20.8
Pneumonia and Influenza	32	12.3	19	N/A	0	N/A	0	N/A	0	N/A	20	11.7	31	13.5	51	13.3
Chronic Lower Respiratory Diseases	141	53.1	30	28.8	2	N/A	0	N/A	0	N/A	82	52.0	91	42.0	173	45.7
Chronic Liver Disease and Cirrhosis	32	10.8	3	N/A	0	N/A	0	N/A	0	N/A	20	9.1	15	N/A	35	8.2
Septicemia	21	8.1	16	N/A	0	N/A	1	N/A	2	N/A	18	N/A	22	10.4	40	10.5
Nephritis, Nephrotic Syndrome, and Nephrosis	31	11.6	36	34.1	1	N/A	0	N/A	0	N/A	34	20.1	34	15.4	68	17.4
Unintentional Motor Vehicle Injuries	44	22.0	20	22.6	0	N/A	0	N/A	6	N/A	54	34.9	16	N/A	70	21.9
All Other Unintentional Injuries	99	45.4	11	N/A	1	N/A	0	N/A	1	N/A	65	41.5	47	25.4	112	33.9
Suicide	35	15.6	9	N/A	1	N/A	0	N/A	1	N/A	35	20.7	11	N/A	46	13.7
Homicide	11	N/A	12	N/A	0	N/A	0	N/A	1	N/A	15	N/A	9	N/A	24	7.8
Alzheimer's disease	56	22.8	16	N/A	0	N/A	0	N/A	2	N/A	28	19.9	46	21.4	74	21.0

Acquired Immune Deficiency Syndrome	2	N/A	3	N/A	0	N/A	0	N/A	0	N/A	5	N/A	0	N/A	5	N/A

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Franklin County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 JanMar	2019 JanMar	2020 JanMar	2018 JanMar	2019 JanMar	2020 JanMar	2018 JanMar	2019 JanMar	2020 JanMar	2018 JanMar	2019 JanMar	2020 JanMar
Franklin	75	86	69	37	39	26	0	0	2	0	2	2

Source: N.C. State Center for Health Statistics https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Franklin County and North Carolina, (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Franklin	34	50.3	112	34.5	33.9
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Franklin County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Franklin	17	25.2	70	21.6	21.9
North Carolina	1,591	15.3	7,553	14.9	14.5
Source: N.C. State Center for Health Statistics https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html					

Table 27. Crime Rate per 100,000 persons, Franklin County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Franklin County	191.61				1,249.4		

Source: N.C. Bureau of Investigation

'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018 http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-AnnualSummary.aspx

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Franklin County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Franklin	53	16.33	17.20

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 N.C. Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 4	570	209	32.6	28.4-37.1	361	67.4	62.9-71.6
GENDER							
Male	263	95	32.8	26.7-39.5	168	67.2	60.5-73.3
Female	307	114	32.4	26.8-38.6	193	67.6	61.4-73.2
RACE							
Non-Hispanic White	340	126	33.2	27.8-39.1	214	66.8	60.9-72.2
Non-Hispanic Black	138	66	42.9	34.1-52.3	72	57.1	47.7-65.9
Other	92	17	12.3	6.9-20.9	75	87.7	79.1-93.1
AGE							
18-44	236	32	13.9	9.6-19.6	204	86.1	80.4-90.4
45-64	177	75	39.5	31.8-47.8	102	60.5	52.2-68.2
65+	148	97	67.4	58.0-75.5	51	32.6	24.5-42.0

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 4	569	57	8.9	6.6-11.9	512	91.1	88.1-93.4
GENDER							
Male	260	37	11.0	7.7-15.4	223	89.0	84.6-92.3
Female	309	20	7.0	4.0-11.8	289	93.0	88.2-96.0
RACE							
Non-Hispanic White	338	33	9.6	6.4-14.1	305	90.4	85.9-93.6
Non-Hispanic Black	137	14	7.5	4.2-12.9	123	92.5	87.1-95.8
Other	94	***	***	***	84	91.7	84.0-95.9
AGE							
18-44	237	***	***	***	234	98.9	96.2-99.7
45-64	177	20	9.6	6.0-15.1	157	90.4	84.9-94.0
65+	146	34	29.0	20.1-39.9	112	71.0	60.1-79.9

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/cvdhist.html

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 4	563	57	11.2	8.4-14.8	506	88.8	85.2-91.6
GENDER							
Male	256	26	11.4	7.5-17.0	230	88.6	83.0-92.5
Female	307	31	11.1	7.5-16.0	276	88.9	84.0-92.5
RACE							
Non-Hispanic White	335	41	14.1	10.2-19.1	294	85.9	80.9-89.8
Non-Hispanic Black	136	12	7.4	4.1-13.2	124	92.6	86.8-95.9
Other	92	***	***	***	88	94.5	81.9-98.5
AGE							
18-44	234	23	11.6	7.5-17.5	211	88.4	82.5-92.5
45-64	173	23	14.3	9.3-21.3	150	85.7	78.7-90.7
65+	148	11	5.5	2.8-10.4	137	94.5	89.6-97.2

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region4/FMD.html

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Franklin County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	67
2	Poisoning - Unintentional	63
3	Firearm - Self-Inflicted	27
4	Fall - Unintentional	24
5	Firearm - Assault	15
TOTAL		242

Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	Fall - Unintentional	520
2	MVT - Unintentional	225
3	Poisoning - Unintentional	107
4	Fire/Burn - Unintentional	56
5	Poisoning - Self-Inflicted	51
TOTAL		1,142

Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	2,544
2	Fall - Unintentional	2,044
3	Natural/Environmental - Unintentional	659
4	Other Specified/Classifiable - Unintentional	381
5	Poisoning - Unintentional	348
TOTAL		17,503

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.p df

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Franklin County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	5
2	Unspecified - Assault	1
3		0
4		0
5		0
TOTAL		6

Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional; Fire/Burn - Unintentional	9
2	Other Specified/Classifiable - Assault	8
3	Unspecified - Unintentional	7
4	Fall - Unintentional	4
5	Poisoning - Unintentional; Other Specified/Classifiable - Unintentional; Natural/Environmental - Unintentional	3
TOTAL		44

Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	243
2	Fall - Unintentional	200
3	Natural/Environmental - Unintentional	177
4	Other Specified/Classifiable - Unintentional	131
5	Poisoning - Unintentional	55
TOTAL		2,908

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages014Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Franklin County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	Poisoning - Unintentional; MVT - Unintentional	23
2	Firearm - Assault	10
3	Firearm - Self-Inflicted	5
4	Suffocation - Self-Inflicted	4
5	Unspecified - Unintentional; Poisoning - Undetermined; Other Land Transport - Unintentional; Natural/Environmental - Unintentional; Firearm - Undetermined; Drowning/Submersion - Unintentional	1
TOTAL		71

Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	76
2	Poisoning - Self-Inflicted	26
3	Fall - Unintentional	21
4	Poisoning - Unintentional	19
5	Fire/Burn - Unintentional	17
TOTAL		208

Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#
1	MVT - Unintentional	1,136
2	Fall - Unintentional	221
3	Natural/Environmental - Unintentional	187
4	Poisoning - Unintentional	121
5	Unspecified - Assault	101
TOTAL		5,258

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages1 5-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Franklin County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 FRANKLIN			Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN			Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	40	1	Fall - Unintentional	130	1	MVT - Unintentional	958
2	MVT - Unintentional	26	2	MVT - Unintentional	99	2	Fall - Unintentional	641
3	Firearm - Self-Inflicted	16	3	Poisoning - Unintentional	60	3	Natural/Environmental - Unintentional	239
4	Poisoning - Self-Inflicted; Firearm - Assault	4	4	Fire/Burn - Unintentional	26	4	Poisoning - Unintentional	126
5	Suffocation - Self-Inflicted; Fall - Unintentional	3	5	Poisoning - Self-Inflicted	21	5	Other Specified/Classifiable - Unintentional	103
TOTAL		107	TOTAL		419	TOTAL		5,970

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages3 5-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Franklin County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 FRANKLIN			Leading Causes of Injury Hospitalization 2016 to 2019 FRANKLIN			Leading Causes of Injury ED Visits 2016 to 2019 FRANKLIN		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	21	1	Fall - Unintentional	365	1	Fall - Unintentional	982
2	MVT - Unintentional	13	2	MVT - Unintentional	41	2	MVT - Unintentional	207
3	Suffocation - Unintentional; Firearm - Self-Inflicted	6	3	Poisoning - Unintentional	25	3	Other Specified/Classifiable - Unintentional	60
4	Unspecified - Unintentional; Other Specified/NEC - Unintentional; Natural/Environmental - Unintentional; Fire/Burn - Unintentional	2	4	Unspecified - Unintentional	16	4	Natural/Environmental - Unintentional	56
5	Unspecified - Assault; Struck By/Against - Unintentional; Other Specified/Classifiable - Unintentional; Firearm - Assault	1	5	Struck By/Against - Unintentional	11	5	Poisoning - Unintentional	46
TOTAL		58	TOTAL		471	TOTAL		3,367

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages6 5upFinal.pdf

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